

# MASSACHUSETTS NURSE

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THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ Vol. 77 No. 3

## More than 1,000 days without a contract

*Unit 7 members picket statewide*

March 26 marked day 1,000 that state-employed registered nurses and health professionals have been without a contract, a situation that is preventing the recruitment and retention of the professional staff needed to adequately care for the state's most vulnerable residents.

In response to this shameful anniversary the 1,800 members of the MNA Unit 7 held informational pickets across the state. According to Bill Fyfe, RN and president of the MNA's Unit 7, they were picketing to show frustration over the lack of respect being shown to members and their patients. "While we continue to be amazed at how long the Romney/Healey administration has dragged this out, we are truly disheartened and angry by the negative effects it is having on our patients," said Fyfe. "Every day we see experienced nurses leaving and the problems our administrators are having in hiring new experienced staff. This directly affects the quality of care."

"After a thousand days of either no or half-hearted negotiations, we have to wonder if the Romney/Healey administration is truly committed to providing care to the state's most vulnerable patients," said Fyfe. "It is clear to us that Governor Romney is more



**Unit 7 supporters, big and small, joined the picket line at Worcester State Hospital.**

interested in traveling the country to curry favor with voters in his bid for the White House while Lt. Governor Healey spends her time campaigning for the corner office rather than paying attention to the care of

the veterans, the severely mentally ill and the retarded."

State-employed health professionals

*See Unit 7, Page 3*

Contact your legislator today

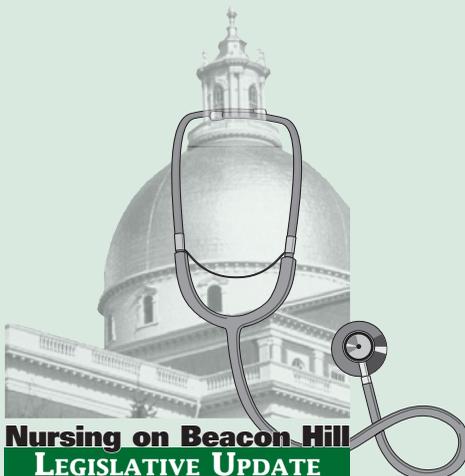
### URGENT: Safe RN staffing update!

The fight for safe RN staffing on Beacon Hill is coming to a head! Discussion on a compromise bill is heated. You must let your legislators know that any compromise must include a safe limit on a nurse's patient load.

State legislators MUST hear from you. If you have taken action on this issue before please do so again!

Please take action right now!

- Go to: <http://capwiz.com/mass-nurses/> to send a message to your legislators. All you have to do is enter your name and address and your letter will be sent automatically.
- Ask everyone you know to do the same. There is a letter on the Web site for our non-nurse allies as well as for front-line nurses.
- Keep checking the MNA Web site for updates and more information: [www.massnurses.org](http://www.massnurses.org). ■

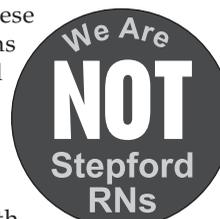


### Newton-Wellesley RNs oppose Wal-Martization of nursing practice

We have all experienced it upon entering a Wal-Mart or upon visiting a restaurant chain—the false, preprogrammed welcome used by greeters and other staff designed to give the impression of good customer service: "Welcome to Wal-Mart, is there anything I can help you with today?"

Most of us find these scripted conversations annoying in the retail industry, but now some hospitals are attempting to foist this "customer service" approach onto health care workers and one hospital, Newton-Wellesley, recently tried to force its nurses to adopt these approaches.

The nurses would have none of it though and, through their union, they fought back to prevent the practice from being implemented. In fact, the hospital wanted to make proper utilization of the new "customer service" standards the overwhelming basis for the nurses' annual evaluation and, ultimately, subject those who violated these standards to



*See Newton-Wellesley, Page 13*

April 2006

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June 29

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For the latest  
developments  
impacting nurses,  
visit the  
MNA Web site,  
[www.massnurses.org](http://www.massnurses.org)

## Nurses' guide to single-payer reform

### Shifting paradigms in health care: no place for marketplace thinking

By Sandy Eaton, RN

After all these years of campaigning for fundamental health care reform, it's easy to get discouraged and feel that this fight, if not hopeless, is at least unable to bring us to the next plateau.

I think the problem is not just David fighting a too-powerful Goliath. (After all, Question 5 almost passed when placed on the 2000 ballot despite being outspent 50-1) It's not just the power and influence of insurance, hospital and pharmaceutical interests that keep official discourse on expanded coverage limited to cost shifting and dilution of coverage.

The big problem that we need to face up to and defeat is the spreading contagion of marketplace thinking. The theory goes that all social issues can be resolved through the blind workings of the unfettered marketplace. This frame of reference hobbles efforts to make access to affordable, qual-

ity health care—including safe staffing and appropriate levels of care in the appropriate settings—universal.

Now the market place may bring us cheap, fast computers (if we ignore the social costs of exploitation of factory workers in places like Singapore and Taiwan). But health care does not work that way, and efforts to market, for example, cheap health insurance "products" that leave people on the brink of bankruptcy before they kick in do nothing more than create the image that we're really extending coverage when all we're doing is shifting costs and extending false hopes.

In the market place, there are winners and losers. But in health care, we cannot afford any losers.

The sentinel event in Massachusetts was the passage of Chapter 495, the deregulation of hospital financing, in 1991. The hospital industry, which was already experimenting with job reengineering, put the commercial

insurance industry into the driver's seat. The resulting damage to the integrity of the private sector has no comparison other than the havoc following the wholesale privatization of state, county and municipal hospitals and health services that had just begun to pick up full steam.

The marketplace mentality, with its "marketplace morality" (as Cornel West would put it), is sacred dogma to the Bush and Romney administrations, and accepted as revealed truth by too many other Republicans and Democrats. Globalization is marked by the spread of this ideology around the world. Our nursing colleagues in Canada, as well as in New Zealand, Australia, Japan and Ireland—indeed everywhere health care has been declared a fundamental human right—are fighting hard to resist the Americanization of their systems, with the emergence of profiteering and the atomization of society.

Right now in Massachusetts we have

the opportunity to join hands with our colleagues around the globe who are campaigning to maintain health care as a human right. On May 10, the state Legislature—meeting in Constitutional Convention, will be able to move forward to November's ballot the proposed amendment to make access to affordable, comprehensive health insurance the right of all who reside here. When this measure comes to the floor, it will win. When this amendment appears on the ballot, this right will be affirmed by the voters, with the help of all of us working hard to overcome the expected attack ads from vested interests.

With the constitution amended we will have a powerful tool to build a just health care system here, and something that can be replicated in other states and nationally. And we will pound a nail into the coffin of the Bush and Romney agenda of profiteering at the expense of the rest of us. ■

#### Your support of health care amendment needed

### May 10 Constitutional Convention: Still essential, still crucial, still happening

The health reform bill that the Legislature recently passed promises that 90 to 95 percent of the uninsured will be covered within three years with affordable, comprehensive coverage. It launches an experiment to see if public program expansions coupled with market based reforms can fulfill that promise. This experiment has never been performed anywhere else and policy experts are divided over whether this approach can, even in theory, create a health care system that is both affordable and sustainable over time. The reaction of Massachusetts providers, insurers, consumer advocates, labor and business runs the gamut from jubilation through skepticism to outright opposition.

What everyone agrees on is that the reform framework enacted this week is the beginning of the debate not the end. Implementing

these reforms will require unprecedented cooperation over the next three years by stakeholders with very divergent interests as they hammer out the details. The specifics of the experiment depend on upcoming negotiations among regulators, stakeholders and advocates over benefit packages, cost, penalties and much more.

We need the Health Care Constitutional Amendment now more than ever to make sure the promise of these current health reforms are fulfilled and that we have the tools if we need them to finish the job of ensuring affordable, comprehensive coverage for every Massachusetts resident.

History tells us that legislation by itself is not enough. The employer mandate in the 1988 Universal Health Care Law was repealed before it was ever implemented.

History also tells us that even a ballot initiative for a law may not be enough. The people enacted the Clean Elections Law only to be stalled and eventually repealed by the Legislature. The only major, progressive reform that has been fully implemented in Massachusetts—education reform—has a constitutional anchor backed up by the Supreme Judicial Court.

The Health Care Amendment creates a constitutional anchor for reform that meets clear standards—affordable, comprehensive, equitable coverage. It will make sure that the promise of today's reform is fulfilled and that if additional reforms are needed tomorrow, we'll have the political and legal tools to get the job done.

The Health Care Amendment will be taken up by the Legislature on May 10. Show

your support for this important initiative by calling your legislators at 617-722-2000. Or visit [www.healthcareformass.org](http://www.healthcareformass.org). ■

**Join in the rally for  
the Constitutional  
Amendment  
Noon  
May 9  
State House**

### MASS-CARE & UHCEF invite you to the Annual Ben Gill Awards Dinner

Saturday, May 13 • 5:30 p.m.

At the Dante Alighieri Cultural Center  
41 Hampshire Street, Cambridge

#### This year's honorees:

Margaret O'Malley, RN

Alan Sager, PhD

Deborah Socolar, MPH

Hors d'oeuvres and cash bar. For more information and reservations call MASS-CARE at 617-723-7001 or visit [www.masscare.org](http://www.masscare.org)



*Executive Director's column*

**It's crunch time for safe staffing bill—keep the heat on!**

**By Julie Pinkham**  
MNA Executive Director

As you read this column, the Massachusetts Legislature is embroiled in an intense debate on the issue of patient safety and competing bills to address the problem—one filed by the MNA and supported by more than 100 organizations that sets a safe limit on the number of patients assigned to a nurse; and another filed by the Massachusetts Hospital Association that sets no limit on the number of patients and, in essence, maintains the dangerous status quo.

As the debate intensifies and the pressure mounts, different legislators are proposing different compromises to address this crisis. For example, both bills were included in the budget process.

It is all very confusing and it changes from day to day, but the bottom line is that it is very likely that some version of this bill could be passed in this legislative session and, as a result, all of us have a stake in the outcome.

As I write this, the hospital industry has pulled out all the stops to lobby for a bill that does not include RN-to-patient ratios. While you struggle every day to maintain your license and protect your patients under the industry's callous disregard for patient safety, the CEOs are roaming the halls of the State House saying they should remain solely in charge of your work environment.

We have received numerous reports from nurses in non-union hospitals who tell us that their managers are using closed-door meetings with staff to brow beat them into making calls against the MNA's bill. They are also using administrative staff on hos-



**Julie Pinkham**

pital time to fax in letters opposing our bill. And they are, to put it mildly, fast and loose with the truth in communicating their opposition to safe staffing for nurses.

Keep in mind the fact that they are doing this because they know they are in danger of losing this fight. The MNA, patient advocates and thousands of front-line nurses are effectively making the case that there can be no guarantee of patient safety without legislation regulating RN-to-patient ratios. We have the facts on our side. We have the research on our side. We have the truth on our side.

Make no mistake about it; the Legislature needs to know that this is truly a matter of life and death. Last month the nation's leading health care quality research firm issued a report that found that more than 80,000 Medicare patients a year die in our hospitals due to preventable medical errors and that the majority of those preventable deaths were attributable to "failure to rescue" by a registered nurse. The major cause of failure

to rescue is poor RN staffing.

Last March, we released a survey of patients in Massachusetts hospitals that found one in four patients reported that their safety was compromised during their hospital stay because their nurse had too many patients to care for at one time.

Whether we win or lose this debate depends on whether or not you and your fellow nurses work to convince the Legislature that the only acceptable bill for nurses and for patients must include safe limits on the number of patients assigned to a nurse.

The message to you is simple: call your legislator, write your legislator, email your legislator (you can do so directly from the MNA Web site at [www.massnurses.org](http://www.massnurses.org)). It doesn't matter if you've done it before. They need to hear from you again and again. Let them know that as a registered nurse and as their constituent, you expect that any bill that is passed to include safe RN-to-patient ratios. ■

**...Unit 7**

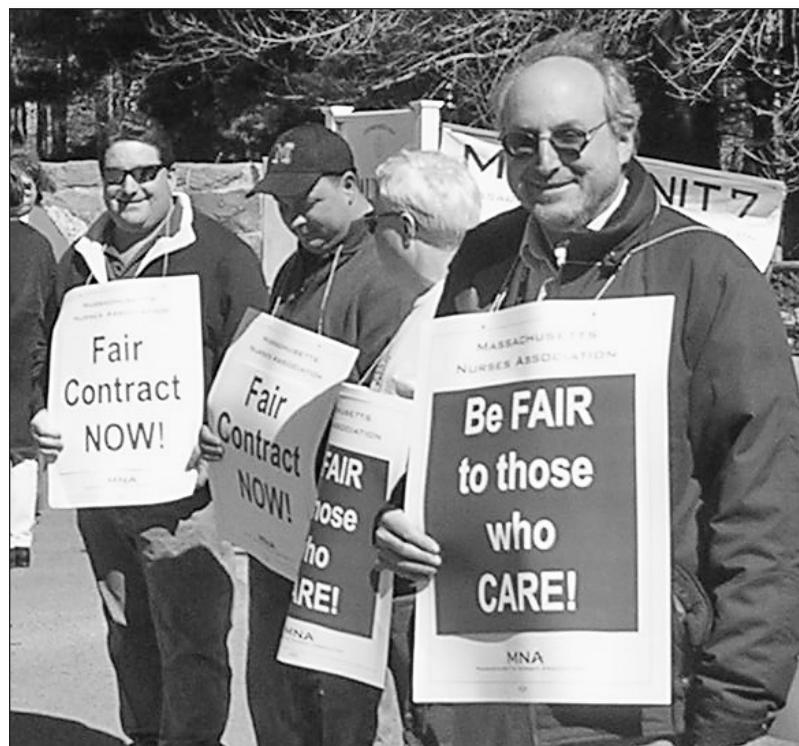
*From Page 1*

include registered nurses, physicians, pharmacists, psychologists, occupational therapists, physical therapists, dentists, speech and hearing therapists and podiatrists. They work in soldiers' homes for disabled veterans; state hospitals for the mentally ill; and residential facilities for mentally retarded adults. They also work at centers for HIV and drug-affected mothers and children; group homes for those who cannot live independently; and high-security wards for violent adolescents or suicidal/homicidal residents, mentally ill prisoners, and clients sent for pre-trial evaluations.

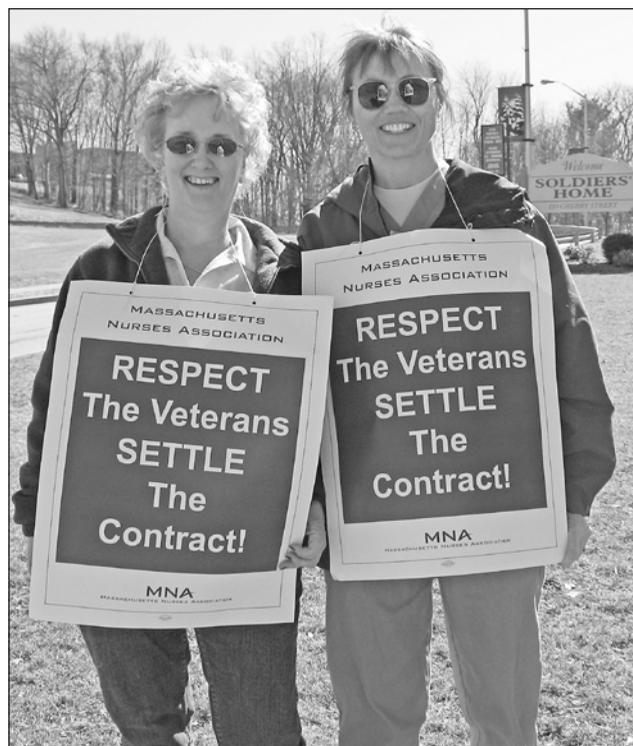
"We are the safety net for the state's most troubled and helpless citizens," said Fyfe, "and the governor's treatment of the state's caregivers represents the shredding of this safety net. We will not allow this to continue." ■



**Picketing outside of Quincy Mental Health Center.**



**Unit 7 members at Taunton State Hospital.**



**Picketing at the Holyoke Soldiers Home.**

*Notice to MNA members:*

**MNA Dues Increase**

Please note that the implementation of the final stage of the staggered dues increase voted in by the membership will become effective July 2006.

The total monthly dues will be \$65. This incorporates the regional dues, but does not include any local dues your unit may have.

Please contact the division of membership at 781-821-4625 if you no longer work in a bargaining unit, as well as any change in name or address in order that all relevant information will get to you.



## Nursing on Beacon Hill: Legislative Update

### Legislation would save Gloucester, other 'essential' hospitals

In November of 2005, a delegation of Cape Ann residents traveled to the State House to testify in support of H. 2666, a bill that would save Addison Gilbert Hospital. On March 14, the Committee on Public Health of the Massachusetts Legislature recommended that the bill be approved.

The bill, introduced by Rep. James Marzilli (D-Arlington), would give the Department of Public Health the power to designate certain hospitals as "essential to the health and well-being of their area." After receiving such a designation, a hospital that closed or cut critical services would face the possibility of being taken over by a receiver appointed by a state judge to manage the hospital and keep services available.

In cases in which additional funds were required to protect essential hospital services, money would be available from a "hospital stabilization fund," created through a 0.25 percent assessment on the revenue of all hos-

pitals in the state.

Alan Sager, Ph.D., of the Boston University School of Public Health, who helped craft the bill, has testified that years of merging and closing hospitals have eroded care by reducing hospital beds statewide to dangerous levels and limiting options to expensive teaching hospitals. "We've closed half the hospitals in the state and half the beds," Sager says. "Almost all the hospitals closed have been lower-cost community hospitals."

The bill is now under review by the Committee on Health Care Financing. Make a call to 617-722-2430 to ask the members of this committee to *also* give this bill a favorable recommendation to the full Legislature so that it can be passed before the session ends in July. The people of Cape Ann, and many other isolated communities that fear the loss of their essential hospitals, will be very grateful. ■



Sen. Bruce Tarr (left) of Gloucester has been leading the effort to keep Addison Gilbert Hospital open. Rep. Jim Marzilli is lead sponsor of one of the pieces of essential health care legislation.

## Nurse staffing briefs

### Leading researcher issues important statements on nurse staffing

A recent health care story in the *Springfield Republican* featured an important series of quotes by Linda Aiken, one of the nation's leading researchers on issues concerning RN staffing levels and patient outcomes. Aiken's most important study, published in the *Journal of the American Medical Association*, showed that any time a medical/surgical nurse has more than four patients, the risk of death or injury for those patients increases by 7 percent per patient.

Here's what Aiken had to say in the *Springfield Republican*:

On the impact of better RN staffing and

patient care:

- "Still patient safety as it relates to nursing care remains a national concern."
- "Our research suggests it is a real problem. If we had better staffing and a better work environment, we could save thousands of lives every year."
- "The major message to consumers is the more nurses there are the safer you are ... and we know from our research that for every patient over four worse outcomes occur incrementally."

On the so called "nurse shortage," and the availability of nurses to meet the ratios:

"There's no nursing shortage in the country when you consider the number of nurses available who are not working in hospitals because of concerns over staffing levels."

On why hospital nurses need a law to ensure safe staffing:

- "From the nurse's point of view it has been over 15 years where they have consistently said there are(sic) not enough nurses in hospitals and that is supported (by outcome research), yet there is no action from the hospitals."
- "They can rightly say they have done everything but legislation." ■

### Chair of public health committee announces pending draft of a compromise bill on RN staffing

MNA remains committed to working on a meaningful compromise on legislation that protects patients and addresses a growing nursing crisis

At a March 13 session of the Joint Committee on Public Health, Chairman Peter Koutoujian (D-Waltham) announced that the committee is putting the final touches on a redraft of legislation based on two bills that attempt to deal with a growing patient safety crisis in Massachusetts hospitals.

One bill, H.2663, sponsored by the MNA and 105 leading health care organizations, calls for safe limits on the number of patients a nurse is assigned and other safety measures. The other bill, S.1260, sponsored by the Massachusetts Hospital Association, calls for support for increases in nurse faculty and nurse scholarships. It sets no limits on the number of patients a nurse is assigned despite overwhelming evidence linking patient outcomes to nurse

staffing levels.

Koutoujian said the committee intends to release the compromise bill in a few weeks. The MNA is encouraged by the committee's decision to reach a meaningful compromise on this issue and it looks forward to working with members of the committee to ensure passage of legislation that will protect the quality and safety of care provided to all patients in Massachusetts hospitals. ■

## Join the 'team' – STAT!

### MNA forms rapid response 'STAT TEAM'

The mission of this mobilization group is to have a network of nurses and health care professionals who can be called upon to respond quickly to MNA visibility events and other urgent actions.

Being a member of this mobilization task force does not require attendance at regular meetings, but instead offers opportunities for activists to participate in events throughout the year that require a strong MNA presence. These actions may include bargaining unit pickets, legislative actions, leafleting and other visibility events.

We hope you will join with other MNA activists in this exciting new venture. For more information, call Eileen Norton at 800-882-2056, x777 or via email at ENorton@mnarn.org.



## MASSACHUSETTS NURSE

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**Mission Statement:** The *Massachusetts Nurse* will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

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www.massnurses.org

**MNA**

MASSACHUSETTS NURSES ASSOCIATION



*Bipartisan efforts highlight campaign*

## Legislature to Romney: Fair contract for Unit 7

On April 4 legislative leaders delivered a letter supporting state employed Unit 7 RNs and health care professionals to Governor Romney's office.

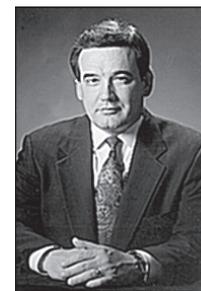
The bipartisan letter of support, which was signed by more than 100 senators and representatives, called on Romney and Lt.

Governor Healey to settle the contract. The legislators were seeking a quick, equitable resolution that would guarantee the state's most vulnerable patients access to continued quality care.

In addition, Reps. Byron Rushing and James Micelli sent their own letters to Romney.

The 1,800 nurses and health care professionals who are represented by the MNA and who are part of the state's Unit 7 bargaining unit have been without a contract for more than 1,000 days.

The MNA thanks the more than 100 legislators who signed this letter to the governor.



**Sen. Marc Pacheco led a delegation of Unit 7 members to Governor Romney's office to deliver 125 signatures urging the him to reach a fair contract with 1,800 RNs and health care professionals.**

March 2006

His Excellency Mitt Romney  
Governor of the Commonwealth of Massachusetts  
State House  
Boston, MA 02133

RE: State's RNs and Health Professionals Nearly 1,000 Days without a Contract

Dear Governor Romney:

State employed registered nurses and health care professionals have gone nearly 1,000 days without a contract, a situation that is preventing the retention and recruitment of the professional staff needed to adequately care for the state's most vulnerable residents, including the severely mentally ill, mentally retarded and disabled veterans.

We write to urge a fair and immediate resolution to this contract.

State employed health professionals include registered nurses, physicians, pharmacists, psychologists, occupational therapists, physical therapists, dentists, speech and hearing therapists and podiatrists. They work in soldiers' homes for disabled veterans, state hospitals for the mentally ill, state schools and residential facilities for mentally retarded adults; centers for HIV and drug-affected mothers and children, group homes for those who cannot live independently; and high security facilities for violent adolescents or suicidal and homicidal residents.

The services provided by the state's RNs and health care professionals are the safety net for the state's most troubled and helpless citizens and are their last stop for care and services. Further delay of a fair contract that addresses recruitment and retention issues will only exacerbate the problem:

- Create more inequity between state facilities and private sector facilities, leading to unsafe situations at the state's soldiers' homes and hospitals.
- Without these facilities, those with severe mental illness would be returned to the street, end up homeless, or in jail.
- These registered nurses and health care professionals take care of disabled veterans who would otherwise be homeless, and it is becoming increasingly difficult to recruit new employees without a contract.
- Working conditions at one state hospital were so bad that the high turnover rate was over 90 percent in a five-year period.
- It is difficult to attract and retain new nurses with pay and benefits that are not competitive with the private sector.

The state has a responsibility to care for its most vulnerable residents. We urge you to negotiate a fair contract that properly addresses issues of recruitment and retention and ensures that our most vulnerable residents have the care they need and deserve.

Sincerely,

Sen. Robert Antonioni  
Sen. Edward Augustus  
Sen. Steven Baddour  
Sen. Jarrett Barrios  
Sen. Fred Berry  
Sen. Stephen Brewer  
Sen. Stephen Buoniconti  
Sen. Harriette Chandler  
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Rep. James Welch  
Rep. Alice Wolf

## Advertorial series in Boston Globe highlights nurse staffing issues



### My Child has to go to the Hospital and I'm Concerned for his Safety

**Nurses are being forced to care for too many patients**

When my child is in day care, there is a limit to the number of children a caregiver is assigned. It's regulated by law. That's not true in the hospital. When my child goes to the hospital, there is no limit to the number of patients assigned to his nurse. What's wrong with this picture?

Hospital administrators are forcing nurses to care for too many patients at once and patients are suffering the consequences in the form of preventable errors, avoidable complications, longer hospital stays and readmissions.

#### A safe limit on a nurse's assignment protects patients

Legislators on Beacon Hill are debating two bills that offer very different solutions to this problem. Massachusetts nurses, along with 103 leading health care and consumer groups, are sponsoring House Bill 2663 to set a safe limit on the number of patients a nurse is assigned at one time. The hospital administrators' bill sets no limit on the number of patients a nurse is assigned.

You can help nurses protect your children and all patients. Please call 617-722-2000 and ask your legislator to support the nurses' bill, House 2663.

**Hospitals care about profits.  
Nurses care about patients.**



### Massachusetts hospitals can afford to provide safe patient limits for nurses

Several news accounts have stated that there will be nearly **\$300 million in new money** for the state's hospitals from the proposed health care reform settlement.

In addition, Massachusetts hospitals:

- had nearly **\$1 billion in profits** in 2005
- had an additional **\$500 million in profits** from the hospital networks
- have completed or are working on **expansion projects totaling another \$500 million**

This is good news - we should be investing in a strong health care system but in doing so we must ensure patient safety and quality care are paramount. To do this, there must be a limit on the number of patients assigned to a nurse at one time.

#### **H. 2663: Protects Patient Safety, is Cost Effective, and Hospitals Can Afford the Investment**



A series of recent *Boston Globe* advertorials—issue ads placed in the opinion/editorial section of the paper—have highlighted the MNA's campaign to pass safe RN staffing legislation. The ads, two of which are included here, have emphasized topics relevant to the legislation, including patient safety, cost effectiveness and affordability.

# The MNA on Capitol Hill



In mid-April, a group of MNA members and legislative activists traveled to the nation's capital to visit with the commonwealth's senators and representatives. Topics on the agenda included safe staffing legislation, health and safety issues affecting nurses and several labor/contract issues that MNA members have been battling.

Above, from left: Nora Watts, Judy Smith-Goguen, Senator Kennedy, Sue Campbell, Lynne Starbard and Sandy Ellis.

Right, from left: MNA President Beth Piknick, Lynne Starbard, Judy Smith-Goguen, Sandy Ellis, Nora Watts, Sue Campbell, Donna Dudik, and Stephen Mikelis



## MNA Regional News

### Region 4 connects with other North Shore activists

Nurses from Region 4 joined hundreds of other local labor, community and political leaders at the annual dinner of the North Shore Labor Council in February. Representatives from unions and advocacy groups joined political leaders for an evening of sharing stories, strategies and successes in the ongoing effort for social and economic justice across the communities of the North Shore. The highlight of the evening was an address by Howard Dean, who now serves as the national chairman of the Democratic Party.

### Are you up next?

Four "at-large" seats on the Region 4 board are open for election this year. Maybe it's your time to run. You're certainly qualified. And it's fun.

The board consists of 15 Region 4 members. Eight of them are chair people, or their designees, of the region's eight bargaining units:

- Gloucester School Nurses
- Salem Hospital/North Shore Medical Center
- Northeast Health Systems: Beverly Hospital, Addison Gilbert Hospital in Gloucester, and the Hunt Center in Danvers
- Anna Jacques Hospital in Newburyport
- Lawrence General Hospital
- Methuen School Nurses
- Lawrence Public Health
- Unit 7

The remaining seven seats on the board are defined as "at large seats," meaning any Region 4 member who submits a written "consent to serve form" (included on Page 15 of this newsletter) to the MNA before June 15. Interested members can be employed at any of the eight MNA facilities in Region 4; you can be a member who lives in Region 4 and works in another MNA facility; you can be a "general" (non-labor) member who lives in our Region.

The board meets monthly at 5 p.m. on the first Thursday of each month (except July) at the Region's office in Peabody. A light dinner is provided, and then deliberations begin on how the Region can best meet the needs of its 2,300 members.

### Region 4 funds 10 scholarships for members

This year, the board of Region 4 has allocated funds for a total of 10 scholarships, each worth \$750, to Region 4 members who are enrolled in college courses in nursing. The deadline for applications is approaching fast—June 1. For more information and/or an application, contact the Massachusetts Nurses Foundation at [cmessia@mnarn.org](mailto:cmessia@mnarn.org).

### Consider serving on a Region 4 committee

The following committees are open to any Region 4 member who wishes to participate:

- Education
- Finance
- Scholarship
- Nominations

If you'd like more information, contact the Region 4 office at 978-977-9200 or via email at [region4mna@aol.com](mailto:region4mna@aol.com). ■



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10 First Avenue, Suite 20  
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## Making St. Patrick's Day a success in Worcester



Dozens of nurses from the MNA's Worcester-based bargaining units broke out their green derby hats and glittery deele boppers for the city's annual St. Patrick's Day parade. The nurses were joined by a bevy of other "leprechauns," including family members and friends of the MNA.

## Division of Labor Action: Bargaining Unit Updates

### Region 1

#### Mercy Medical Center

After 11 negotiation sessions and a successful informational picket line the bargaining unit's negotiating committee has reached a tentative agreement with the Mercy Medical Center. There will be a ratification vote on the tentative agreement on May 2 in the Rose Garvey Room at the hospital. Members of the negotiating committee will present the details of the agreement and answer questions. The meetings will be held from 7:15–9:15 a.m., 11 a.m.–1:30 p.m., 3–4:15 p.m. and 6:30–7:45 p.m. At the same meetings there will be a vote on proposed bylaw changes.

#### Providence Hospital

During the last negotiations, the MNA and management at Providence Hospital created a groundbreaking manual that addressed violence in the behavioral health care setting. Since that time, the majority of employees at Providence have either attended an in-service workshop focused on preventing violence in the workplace. Other members are also due to receive this info in their annual updates. The parties will meet to evaluate the manual in the spring. In the meantime, committee meetings have been well attended and preparations for negotiations are underway.

#### VNA & Hospice of Cooley Dickinson

Two nurse members recently filed grievances after management insisted on assigning them duties that were contractually identified as managerial tasks. The grievance is in process and, as a sign of unity, the nurses are displaying placards in their cars that read, "I support Hospice Nurses of the VNA & Hospice of Cooley Dickinson."

### Region 2

#### St. Vincent Hospital

The St. Vincent Hospital nurses, who are in negotiations for a new contract, have focused most of their activism and energy of late on a campaign to stop a number of dangerous practices introduced by their new for-profit owner, Vanguard Health Systems. Vanguard purchased the hospital from Tenet Health Care last year.

Vanguard—a company that is new to

health care—is showing its inexperience with a number of decisions that have compromised the safety of patients. First, it closed a floor that had been used for ED overcrowding and laid off nurses. A month later, it doubled the size of the ED without adding any staff.

Vanguard has also:

- Implemented cost-cutting measures that compromise the quality of St. Vincent's specialized RN teams (i.e., lactation nurses, pain nurses and overnight-coverage nurses in the OR).
- Spent considerable time "wooing" new doctors with promises of allowing them to perform more procedures (resulting in more income) without providing the appropriate training and equipment for the RNs.
- Instituted policies designed to speed up the delivery of care without the staffing and policies in place to ensure safety.
- Drastically cut the hospital's IV team.

As part of its marketing program for the new emergency department, the hospital developed and began using the slogan: "It's What's Inside That Counts." The RNs at Saint Vincent responded with their own campaign, wearing buttons that read "Ask a Nurse What's Inside" while circulating related petitions to the hospital's inside audiences.

Some positive signs of improvement are on the horizon, however. The hospital recently hired a new chief nursing officer who seems to understand the dangers associated with many of Vanguard's decisions, and the nurses are hopeful that she is committed to working with the MNA committee.

### Region 4

#### Anna Jacques Hospital

Nurses at Anna Jacques Hospital (AJH) in Newburyport are in the midst of intense negotiations over a new contract that the RNs hope will allow them to recruit and retain the staff needed to provide the quality and safety of care patients deserve.

With staffing levels cut to the bone and the elimination of the float pool to assist with staffing shortages, the quality of patient care at the facility is being jeopardized.

The nurses and management were successful in reaching a tentative agreement

on issues related to floating but several key issues still remain unresolved, including: Dangerous on-call policies that prevent nurses from being properly rested and, as a result, put patient safety in jeopardy. The bargaining unit wants guaranteed, paid rest periods for nurses working on call.

- The fact that the RNs at AJH have the lowest pay scale on the North Shore. The bargaining unit wants a competitive salary scale that will allow for the recruitment and retention if the staff needed to provide first-rate care.
- Management's proposal of a two-tiered system that would preserve the pension for existing members, but eliminate it for all new hires.
- Management's efforts to force all RNs onto an "earned time" program.

More than 100 AJH nurses—more than one half of the total bargaining unit—recently turned out for a union meeting and voted to authorize the committee to serve a ten-day informational picket notice if and when it becomes necessary. In addition, the nurses are circulating a petition of support among staff members and in the community.

#### Salem Hospital

The nurses at Salem Hospital are involved in trying to raise community awareness about the closing of the Pediatric Emergency Department on the night shift. While there will be no nursing positions lost, the RNs feel this is a issue of patient safety and quality care. The hospital said it was making this move to save money. As near as the nurses can tell the only savings is the light bill, as there is no staff reduction.

### Region 5

#### Brigham & Women's Hospital

Congratulations to the following nurses on their election to the MNA Committee: Michael Robinson (ED); Marian Wright (CWN 9); Michael Savoy (ED); Laurie Demeule (Cath lab); Teana Gilinson (12 ABC); Dianne Griffin (5A); Trish Powers (OR); and Susan Tartaglia (Care Coordination). They join current committee members Barbara Norton (NICU); Judy Lydon (CWN 8); George Rotondo (8C); Judith Racowsky (CWN 9); Kristin Robishaw

(NICU); Mary Ann Dillon (3BC); Connie Gassett (Amb. GYN); Jean Cabral (12D); and Maureen Ward (L&D).

There was an overwhelming response to the proposal surveys that were mailed out, and the committee had meetings to work on their proposal package for the upcoming negotiations. The committee is continuing to deal with the challenges of unsafe staffing and nurse safety. Ongoing discussions and meetings concerning issues in the Cath Lab and OR continue. The open meeting, held at the MNA on March 15, was well attended. Issues that were raised and discussed included the lack of management support, unprofessional treatment by some managers and poor morale.

#### Caritas Norwood Hospital

The registered nurses at Norwood Hospital recently reached a tentative agreement with management on a two year contract. Ratification is scheduled for May 8.

#### New England Medical Center

Nurses from New England Medical Center (NEMC) and guests from other MNA bargaining units enjoyed a dinner and CE program in March. About 85 nurses attended the program on peer support for nurses with substance abuse issues. Carol Mallia, RN, associate director in the MNA's nursing department, was the program presenter.

The event was co-sponsored by the NEMC nursing department and the MNA bargaining committee, and the goal of the event was to provide an educational opportunity that would lead to unity building in the bargaining unit—as well as some fun, social time. The program was a resounding success and the bargaining unit is looking forward to holding similar events in the future. The committee thanks Region 5 of the MNA for providing funding and support for this program.

In recent weeks, the MNA members at NEMC have been trying to deal with issues related to increased staffing needs/issues. There has been an escalating need for ICU beds coupled by a severe backup of patients in the ED and PACU. The hospital agreed to institute an overtime incentive giving nurses

See *Bargaining units*, Page 8

## Honor your peers with a nomination for 2006 MNA awards

One of the greatest honors one can achieve is the recognition of one's peers. In this fast-changing health care system in which nurses strive daily to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards are established by the membership with the approval of the MNA Board of Directors. They offer all members an opportunity to recognize nurses who, by their commitment and outstanding achievements, have honored us all. These are often nurses and other individuals who accomplish extraordinary things and who challenge us all to achieve excellence.

**Elaine Cooney Labor Relations Award:** Recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

**Judith Shindul Rothschild Leadership Award:** Recognizes a member and nurse leader who speaks with a strong voice for the nursing community.

**MNA Advocate for Nursing Award:** Recognizes the contributions of an individual—who is not a nurse—to nurses and the nursing profession.

**MNA Human Needs Service Award:** Recognizes an individual who has performed outstanding services based on human need with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.

**MNA Image of the Professional Nurse Award:** Recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

**MNA Nursing Education Award:** Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education and/or staff development.

**MNA Excellence in Nursing Practice Award:** Recognizes a member who is a role model by contributing innovative, progressive ideas that serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

**MNA Research Award:** Recognizes a member or group of members who have effectively conducted or utilized research in their practices.

**Kathryn McGinn Cutler Advocate for Health & Safety Award:** This award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

**Frank M. Hynes Award:** This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

**MNA Legislator of the Year Award:** This award recognizes a senior state or federal legislator who has clearly demonstrated exceptional contributions to nursing and health care.

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA division of nursing, 781-830-5719 or toll free, 800-882-2056, x719. The nomination deadline is June 15, 2006. ■

## School nurses across Massachusetts wage battles for professional parity

One of the great injustices for nurses working in education is the lack of professional pay parity for school nurses with teachers and other professionals in educational systems—even though school nurses have the same education and licensure as teachers.

Only 82 of the 386 school districts in the commonwealth offer pay equity with teachers and other professionals, according to the Massachusetts School Nurse Organization. This unfortunate trend is happening at a time when the demands on school nurses are greater than ever before and the requirements of school nurses are greater than for almost any other area of direct nursing care.

In this issue of the *Massachusetts Nurse*, we focus on some local bargaining units that are tackling the issue of pay parity for school nurses head on.

### Methuen nurses win parity

After more than 18 months of negotiations, the Methuen School Nurses reached agreement with the Methuen School Committee. The bargaining process, which began in May 2004, was brought to a conclusion in January 2006 with the nurses agreeing to a four-year agreement whereby parity with the teachers' salaries was obtained effective Sept. 1, 2005.

The nurses' victory was born of their decision to "get political" and to build a broad coalition of support for their cause.

"We knew if we were going to win this fight, it was going to have to be approved by the school committee, however, some of the members of the committee were the roadblock to a resolution," said Patricia Comeau, a school nurse coordinator for the Methuen schools and the chair of the MNA local bargaining unit. "We knew that success depended on us helping to educate and elect school committee candidates who would support us."

This meant expanding a typical union negotiation strategy into a political strategy. Comeau began organizing candidate forums with school committee candidates during last fall's election cycle.

"We had all our nurses there and we used the opportunity to introduce ourselves and to explain the role and value of school nurses, as well as to question the candidates on their support for our issues," Comeau explained. "These presentations open their eyes, and it

was clear we had made an impact.

The proof of the success of their effort was that candidates began to make public statements in their campaign about their support for school nurses. Later, after elections, the school committee publicly announced that settling the contract was its first priority. True to their word; the contract was settled within 18 days of the new year.

Comeau also pointed to the nurses' efforts to reach out to other municipal employee groups for support.

"We reached out to the teachers union, the police and fire fighters union to educate them about their issues, and all of them became vocal supporters," Comeau said. "While the mayor and other officials might now want to listen to us, the support of these other unions helped a lot."

While there were some minor variations on several middle-of-the-scale steps to help facilitate conversion to the teachers' scale, the two scales are identical at the top and bottom. Moreover, the contract calls for the nurses and teachers to receive the same salary increases for the next three years.

Upon placement on the new parity scale, the school nurses received raises ranging from 10 to 15 percent. Thereafter, the nurses will be paid equal to the teachers and will receive the same salary increases over the life of the agreement.

The previous salary scale for school nurses ranged from \$29,871 to \$42,528. Under this contract that range will start at \$37,063 and will top out at \$62,175. The settlement avoided fact-finding and ended nine months of state mediation.

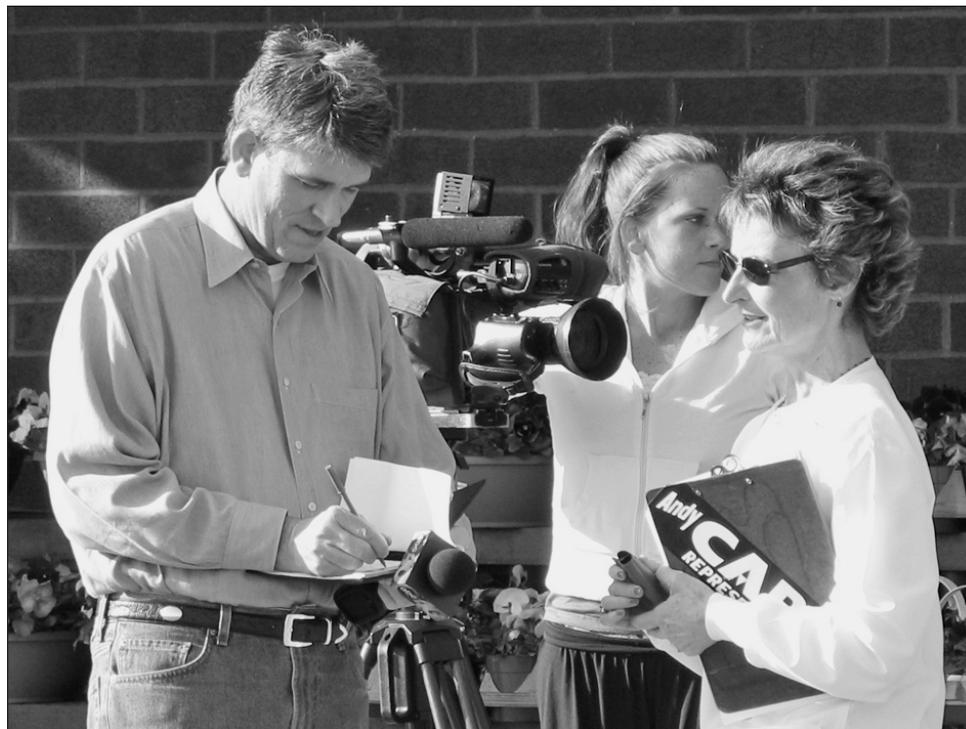
### West Springfield parity campaign

West Springfield school nurses, who are deadlocked in a contract dispute with management over their call for professional pay parity with teachers and others in the school system, are taking their case to the public with a media campaign and a petition drive.

The nurses—who have the same education and licensure requirements as teachers and other professionals in the school system—are paid as much as 30 percent less than their professional counterparts. Their second-rate pay comes at a time when the responsibilities of school nurses are greater than ever before. In West Springfield, one in seven children (600 out of 4,000 students) has special health care



West Springfield school nurses collecting signatures outside a local supermarket.



Gayle Hyle, co-chair of the bargaining unit, talks to reporters.

### ...Bargaining units

From Page 7

increased pay (double time in many instances) for working extra shifts. In addition, agency and traveling nurses have been brought in to help with the current situation.

The members at NEMC appreciate the incentive, but these efforts are primarily seen as "Band-Aid" solutions—they're necessary and helpful, but they do not fix the underlying problems. As a result, frequent Labor/Management meetings are being held to address more permanent solutions.

### St. Elizabeth's Hospital

The registered nurses at St. Elizabeth's Medical Center Hospital recently reached a tentative agreement with management on a two-and-a-half year contract, which includes the following:

- The elimination of tenured steps.

- A 4 percent across-the-board (ATB) increase in year one of the contract; 4.5 percent ATB in year two; and a 3 percent ATB in the last five months.
- Successor protection language.
- Paid sleep time for on-call nurses, as well as for nurses who are called in for an overnight shift and who are scheduled for the following day.
- Health and safety language.
- Paid release time for labor/management meetings and negotiations.
- Longevity bonus for nurses with 20 or more years.
- Increased differentials.
- Significant improvements for per diem RNs.
- Tuition reimbursement improvements.
- Inclusion of the extra shifts bonuses into the body of the contract. ■

needs that require the care and monitoring of the 10 professional school nurses. Children not only have asthma, attention deficit disorder, migraine headaches, epilepsy, heart conditions, diabetes, life threatening allergies, arthritis, cerebral palsy and other chronic illnesses, but students are also coming to school needing colostomy care, catheterization, insulin injections, naso-gastric feeding and other complex procedures.

The nurses filed for mediation in late February and in March went public with their story, generating significant publicity—including coverage on local television and radio stations, and sympathetic articles in the main newspapers covering their community. They launched their petition drive on March 31 outside of a local Stop & Shop and gathered hundreds of signatures from parents of school children who recognize the value they bring to the school system. The nurses are now in the process of planning a number of petition drives at local sporting events where parents gather.

The bargaining unit decided to go public after the mayor unexpectedly shut down negotiations over a new contract after just

10 negotiating sessions. Previous to that, the nurses had made a strong case for parity, having developed and showcased a 45-minute presentation on the role and value of school nurses the negotiating team who in turn presented it to the school committee.

### Worcester school nurses

Worcester school nurses are also involved in a pitched battle for professional parity, a struggle that has gone on for years. These nurses are working severely understaffed, serving a complex and challenging population of students with severe health needs in one the state's largest urban centers.

The nurses are also in mediation and, like the Methuen nurses, have seen the need to take their issue to the public and to the polling places. The nurses also held candidate forums for school committee candidates last fall, and also had lawn signs printed up supporting their case for pay parity and improved staffing conditions.

The nurses have engaged in leafletting campaigns in shopping centers and outside their schools, and have talked to the media as part of their effort. ■

## Division of Labor Action: Education & Training

### Informational pickets, rallies, vigils and leafleting at health care facilities

By Joe Twarog

Nurses across the state have become very active in their efforts to win successful contracts and in supporting their negotiating committees. These activities have taken many forms, including: wearing buttons, stickers and ribbons; circulating petitions (both within the bargaining unit and to the public); leafleting; holding rallies and vigils; and conducting informational picketing. Questions often arise about these activities, such as what is allowed? Where is it allowed? And when is it allowed?

This article addresses these questions, although it focuses primarily on the most public types of action that are taken by bargaining units.

#### Informational picketing

Informational picketing is a public, visible demonstration that takes place usually in front of the hospital or facility where the dispute is occurring. In simplest terms, it is a group of workers who gather together holding signs and who walk along the property line in front of the facility. Often they will chant or sing as they walk. The informational picket is not limited only to the workers at that facility. In fact nurses, friends, family members, other unions, community advocates and supporters often join the picket line. Family pets have even been known to join the line, as at Mercy Hospital in Springfield.



Joe Twarog

The members of the press are always invited to observe, record and report on the event. The MNA usually has a press contact from the bargaining unit where the dispute is occurring who is ready and willing to explain to the media exactly why the picket is happening.

An informational picket is not a strike or work-stoppage. It is strictly informational and designed to publicize the fact that a dispute exists with the employer. Employees may participate in the picket, but only off of work time. Therefore, there are no attempts made to block traffic or the entry-ways to the facility as people and other employees enter. Often, there will be police present (especially if the facility is on a heavily trafficked area), for public safety purposes. Generally, the police will make sure that public access is maintained and will guide traffic in and out as necessary.

The signs that are carried at the picket are there to inform the public about the dispute. One should state that the picket is "informational" in nature, since it might look to the public as if a strike is in progress. In addition, informational leaflets are often distributed and the picketers have to keep moving. They are not supposed to simply stand around in groups, but are to keep marching.

Employers have been known to try and intimidate employees from participating in such a picket. They have done this often by surveillance and the use of cameras. Such

surveillance (if designed to intimidate) has been ruled in the past by the National Labor Relations Board (NLRB) to be a violation of the law, since it infringes on the legal rights of workers. However, there have recently been many rulings from the current NLRB that are hostile to workers' rights as they constantly revisit issues long ago decided.

#### The 10-day notice requirement

The National Labor Relations Act (NLRA) was amended in 1974 to include coverage of non-profit hospitals. As part of those changes, a provision (Section 8 (g)) was included that requires a 10-day notice to health care institutions (hospitals, nursing homes, clinics, HMOs) before any picket or strike occurs. The intention of these notices is to give the health care institution sufficient advance notice to permit them to make arrangements for the continuity of patient care.

These 10-day notices must be sent, in writing, by the labor organization to the health care facility and to the Federal Mediation and Conciliation Service (FMCS) office. The MNA has a practice, as a courtesy, to also send such notice to the state's Board of Conciliation and Arbitration, although it is not required. The notice must be received by the employer and the FMCS no less than 10 full days before the action is to commence. That means a minimum of a full 240 hours in advance. Counting the day that the notice was sent as a "full day" may not meet the legal requirement. There is no way to fudge this count. Accuracy of the notice is therefore critical, otherwise those engaging in the action might be at risk.

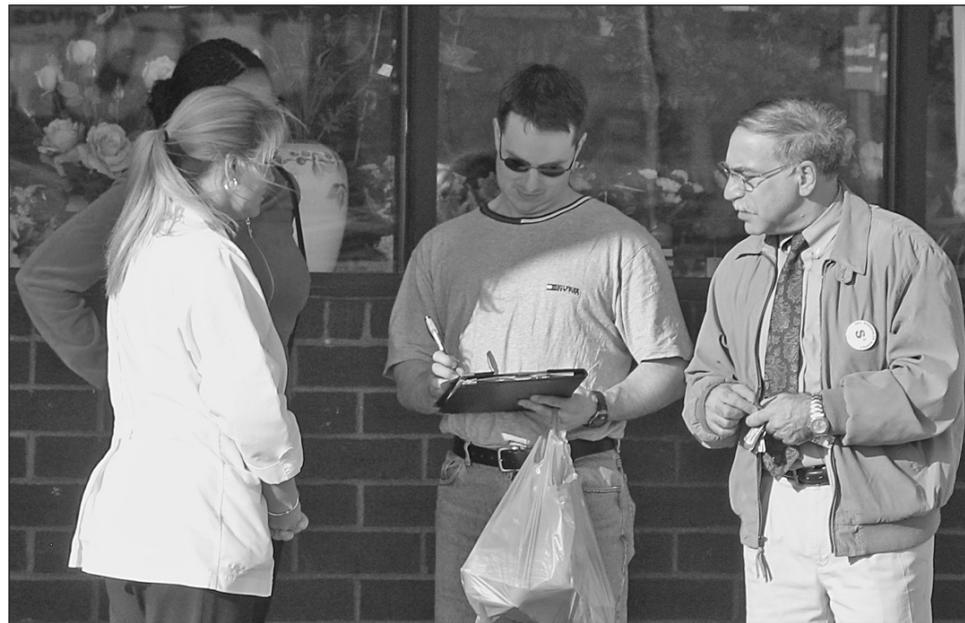
Informational pickets may also take place during the term of the contract (unless expressly stated otherwise) with the appropriate notice given. This is almost always not the case of a strike, where a "no strike" clause would still be in effect during the term of the contract.

#### Informational leafleting

Informational leafleting is the simple act of handing out leaflets to the public. Often a leafleting campaign will—like an informational picket—inform the public about a labor dispute. However, such leafleting cannot look like a picket: it should not involve a large number of people; these people should not be wearing/holding signs; they should not be walking around; and they should not be chanting.

Such informational leafleting does not require a 10-day notice. This activity was not covered in the Section 8 (g) of the NLRA. It may serve much the same purpose as picketing (providing information of a dispute) but it does not carry as much of an impact. Seldom would the media be interested in covering such a low-level event. Successful leafleting can be accomplished with only a handful of people.

Informational leafleting is not limited to the facility. MNA nurses have handed out leaflets in many other public areas—in public squares, shopping areas and grocery stores. Such leafleting has at times been combined with the signing of petitions, as was recently conducted in the Cape Cod Hospital fight



Signature collecting, vigils and informational picketing are allowed at health care facilities — but care must be taken to be sure each activity complies with federal law.

for a contract. It was extremely successful, since the nurses had effectively communicated their message and the hospital had antagonized the community with grossly misleading paid advertisements in the local newspapers.

#### Rallies and vigils

At times, nurses have organized public rallies and vigils in support of their issues. These would involve large numbers of employees and members of the public in an open display of support through speeches, songs, chants and candle lightings.

The key issue that may determine if a 10-

day notice is required is where the event takes place. If the rally or vigil takes place well away from the facility, no notice is required. But the clarity of the law becomes fuzzy the closer geographically that the event is to the facility. NLRB cases have fallen either way on the requirement even if a rally is held at a public park right by the facility or on a road well removed, but on the only entrance or egress to the facility.

In these instances it would perhaps be wise to send a 10-day notice regardless in order to be on the safe side. Such caution is magnified in light of the efforts of the current NLRB to turn back the clock on workers' rights. ■



#### RNs at University Campus of UMMC picket again

The registered nurses of the UMass Memorial Medical Center University Campus conducted a second round of informational picketing on April 5 as management continued to try to decimate the quality of the nursing program at the facility. Hospital management has continually been coming to the negotiating table with proposals that would dismantle nearly every existing provision in the nurses' contract—a process that will prevent the recruitment and retention of staff needed to ensure safe patient care. The nurses were seeking the public's support as a way of convincing UMMC management to stop its assault on the nurses and to bargain in good faith.

## So you think it's safe at work? Notes from the Congress on Health and Safety

### Campaign for fragrance-free health care in the U.S.

*Nurses can improve indoor air quality by controlling synthetic fragrances*

By Peggy Wolff, MS, APRN, HNC

Indoor air quality in health care settings is under scrutiny by numerous environmental health and nursing organizations because patients, nurses and others have experienced health problems in those settings. Health Care Without Harm, the Environmental Working Group, the American Nurses Association, the Maryland State Nurses Association, the University of Maryland School of Nursing and the MNA are leaders in the movement to improve health care environments. Research has documented a direct connection between impaired health status and some chemical exposures. Harmful chemicals in the health care workplace include PVCs; disinfectants (ethylene oxide and glutaraldehyde); products containing DEHP; natural rubber latex; mercury; and pesticides to name just a few.

Some individuals and groups of individuals are especially affected by fragrance exposure.

Infants and children with immature immune systems and elders with weakened immune systems are particularly susceptible to harmful chemicals. In addition, people with asthma, allergies, migraines, compromised immune systems, and those who have been

chemically injured are particularly vulnerable. Some patients are expressing frustration because their right to access health care is affected by toxic chemicals in health care environments. Sometimes they even have to choose between not getting health care and being exposed to harmful chemicals. Individuals of reproductive age are at heightened risk of chemical body burden that can be transmitted to the unborn, while new mothers are torn between the positive and negative effects of breastfeeding their infants because hazardous chemicals are consistently being detected in the breast milk of a majority of women.

Nurses may be at even greater risk than patients because they experience cumulative exposure. For an increasing number of nurses, fragrance use in their workplace is a barrier to employment.

The Job Accommodation Network (JAN), a group concerned with employment

rights for people with disabilities, has reported a sharp increase in the number of complaints related to fragrance and work. Between 1992 and 1995, JAN handled 37 cases related to fragrance while between 1995-2000, 567 cases were handled. Lessenger reported

a case of a medical assistant developing acute anaphylactic reaction after being sprayed by perfume and cautions health care providers that this type of assault is becoming more common.

This article focuses on the harmful chemicals in synthetic fragrance, another important and prevalent cause of poor indoor air quality in health care settings. The following questions will be answered: What are the health effects of fragrance exposure? What are some of the harmful chemicals commonly found in fragrance? What can you as a nurse do about this problem? What does a model fragrance policy look like? How would I go about advocating for or implementing such a policy? What are the key resources?

#### Health effects of synthetic fragrance

At present one in five people in the U.S. experience adverse health effects from fragrance exposure. These effects range from mild to serious with fatalities reported in a very small number of cases. Each and every system of the body may be adversely affected. An example related to the respiratory system occurs when a person has a flare up in their asthma or even has an asthma attack when exposed to fragrance. In one study 72% of asthmatics had negative reactions to perfumes. Few nurses are aware that fragrance can cause respiratory problems. Respiratory problems can occur because fragrance is a known respiratory irritant. High levels of respiratory irritants can cause asthma or asthma-like conditions according to Betty Bridges, R.N., owner of an informative web site on fragrance and health. In one tragic situation, a nurse practitioner died due to complications from an allergic reaction to perfume in 2002 at Inova Fairfax Hospital. Many symptoms such as irritability, impaired concentration, headaches, ataxia, and dizzi-

#### Join the campaign for fragrance-free health care in the U.S.

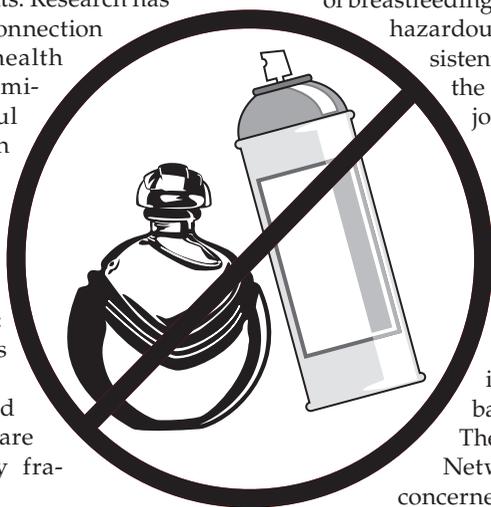
If you know of a facility that has a fragrance policy or a facility where nurses are interested in developing such a policy, email the author at the address below. A list of hospitals or large health care facilities that have fragrance policies is available at [www.hcwh.org](http://www.hcwh.org). Let's work together to make our health care facilities healthier for all by being fragrance free!

ness may develop when the central nervous system is involved. The most common site for allergic reactions to fragrance is the skin, with between five and 20% of the population experiencing such effects. Dermatitis, itchy or burning skin may occur. Cosmetics and fragranced products can also pose high risks for breast cancer and other illnesses. See shaded box at left for the Environmental Protection Agency's list of adverse health effects associated with fragrance chemicals.

#### Harmful chemicals in synthetic fragrance and their health effects

What is in fragrance that could lead to this myriad of symptoms/health problems? For the past 50 years, 80-90 percent of fragrances have been synthesized from petroleum, not from natural sources, as advertisers might like us to believe. A few of the commonly found harmful chemicals in fragranced products are acetone, benzene, phenol, toluene, benzyl acetate, and limonene. See box at left for some of the health effects associated with each of these chemicals. Only a small sampling of chemicals and some of their

See *Campaign*, Next page



#### The chemicals and their health effects

##### Common health effects from exposure to synthetic fragrance

According to the Environmental Protection Agency, the following health problems have been associated with fragrance exposure: asthma, Reactive Airway Disease (RADs), difficulty breathing, coughing, fatigue, eye irritation, sinusitis, rhinitis, inflammation of mucous membranes, skin problems including dermatitis, immune system damage, nausea, vomiting, abdominal pain, changes in blood pressure, cancer, and even death in severe cases due to respiratory failure.

Effects on the brain and nervous system include: convulsions, headaches/migraines, depression, dizziness, irritability, confusion, panic attacks, anxiety, memory loss, impaired concentration, drowsiness, insomnia, impaired vision, ataxia, stupor, spaciness, giddiness, slurred speech, twitching muscles, tingling in the limbs, and loss of muscular coordination. 1991 EPA Study by Larry Wallace. "Identification of Polar Volatile Organic Compounds in Consumer Products and Common Microenvironments."

##### Fragrance chemicals and their related health problems

Acetone-dryness of the mouth and throat; dizziness, nausea, lack of coordination, slurred speech, drowsiness, and in severe cases coma; it acts primarily as a CNS depressant. Benzene-irritation of the eyes and respiratory system; decrease in white blood cells, headaches, impaired judgment, and menstrual disorders. Phenol-eye, nose, and throat irritation, abdominal pain; cardiac arrhythmias and failure, cardiovascular collapse, chromosomal aberrations and damage; cold sweats, collapse, confusion, headaches, hemolytic anemia, profuse sweating, and ringing in the ear. Toluene-skin, eye, and respiratory irritant, CNS depressant, liver and kidney disorders, and toxic brain dysfunction. Benzyl acetate-skin, eye, respiratory and gastrointestinal irritant, vomiting, diarrhea, tissue damage, and abnormal EEG's. Limonene-skin and eye irritant and sensitizer; stomach irritant, albumin and blood in urine; and many CNS effects.<sup>1,2</sup>

<sup>1</sup> Harte, J. et al. *Toxics A to Z: A Guide to Everyday Pollution* Berkeley: University of California Press, 1991.

<sup>2</sup> Wilson, C. *Chemical Exposure and Human Health: A Reference to 314 Chemicals with a Guide to Symptoms and a Directory of Organizations*. Jefferson, NC: McFarland, 1993.

#### Web sites for fragrance-free information

- [www.ccohs.ca](http://www.ccohs.ca)  
Canadian Centre for Occupational Health & Safety
- [www.ciin.org](http://www.ciin.org)  
Chemical Injury Information Network
- [www.ehnca.org](http://www.ehnca.org)  
Environmental Health Network maintained by Barbara Wilkie. Fragrance policies for Brigham & Women's Hospital and Kaiser Permanente and information on how to advocate for fragrance labeling and legislation
- [www.envirn.umaryland.edu](http://www.envirn.umaryland.edu)  
Environmental Health Nursing, University of Maryland, School of Nursing
- [www.massnurses.org](http://www.massnurses.org)  
"Fragrance Free! Creating a Safe Health Care Environment" Massachusetts Nurses Association on-line CEU program, in process
- [www.fpinva.org](http://www.fpinva.org)  
Fragranced Products Information Network, maintained by Betty Bridges, RN
- [www.noharm.org](http://www.noharm.org)  
Health Care Without Harm
- [www.nibs.org](http://www.nibs.org)  
National Institute of Building Sciences Indoor Environmental Quality Project 2005: Recommendations from the Access Board
- [www.NotTooPretty.org](http://www.NotTooPretty.org)  
Not Too Pretty-Cosmetics and Health

## ...Campaign for fragrance-free health care

From previous page

health effects are provided because of space constraints.

Harmful health effects of fragrance are caused not only by the chemicals mentioned above and a few thousand other individual chemicals, but each fragrance may well contain hundreds of different chemicals in combination. Only a small minority of individual chemicals have been tested for respiratory and neurotoxic effects and rarely have chemical combinations been tested for their health effects. Since fragrance ingredients are protected under trade secret laws, the consumer is kept in the dark about many of the harmful chemicals that make up fragrance.

Irritants in fragrance can initiate a sensitizing process "as the immune system 'learns' to recognize materials that will later prompt a reaction when re-exposure occurs. Break-down products of limonene, a-pinene, and benzaldehyde are known sensitizers commonly found in fragrance. Phthalates and synthetic musk compounds are two groups of chemicals frequently found in fragrance products that are known to cause serious

and long-term health effects. Phthalates have been shown to cause endocrine disruption and are frequently found in fragrance products. Synthetic musk compounds used in fragrance can accumulate in fat tissue and be found in breast milk. These same compounds have also been shown to contribute to water contamination, harming aquatic and other wildlife.

### Where is fragrance found?

Fragrance is ubiquitous in our society. In addition to being in obvious products like perfume and cologne, fragrance is in most personal care, laundry and cleaning products unless labeled "fragrance free." Fragrance may also be in bath tissue, candles, markers, and numerous other widely used products. Air "fresheners" usually contain synthetic fragrance; rather than freshening the air, they significantly compromise air quality.

### What can you do about fragrances?

1. Avoid personal care, laundry and cleaning products that contain fra-

grance. Read labels carefully to see if the products are fragrance-free. Scent-free products may contain masking fragrances.

2. Request that other nurses on your unit avoid fragrance and fragrance products. Provide them with a list of fragrance-free products that are readily available and with little, if any, increase in cost. A list of fragrance-free products is available in the brochure, "The Hidden Dangers of Fragrances" mentioned in the next paragraph.
3. Distribute copies of the brochure, "The Hidden Dangers of Fragrances." A sample brochure is available by sending a self-addressed stamped envelope to the Environmental Health Coalition of Western Massachusetts, P.O. Box 187, Northampton, MA 01061-0187.
4. Inquire whether your health care setting has a policy or statement related to fragrance.
5. If your setting has a policy/statement,

please email the name of the facility, its location, and, if available, the policy/statement to the address below. A list of large health care facilities with fragrance-related policies will be available on-line at [www.hcwh.org](http://www.hcwh.org).

6. If your setting does not have a fragrance policy/statement, consider creating one based on the model described in the article below. ■

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Peggy Wolff, MS, APRN, HNC, is a licensed psychiatric-mental health nurse for more than 30 years and co-developer of the American Holistic Nurses Association's certificate program in holistic nursing. She specializes in working with people with environmental illnesses. An author of numerous articles on environmental health, she completed *Health Care Without Harm's* "RN No Harm Training Program." She can be reached at [info@peggywolff.com](mailto:info@peggywolff.com)

## Model for a fragrance-free policy

**Policy:** Knowing that fragrance use significantly compromises indoor air quality and prevents access for some individuals, it is the policy of (name of your health care facility) to restrict the use of fragrance and fragrance products. This policy applies to all who use this facility including staff, patients, and visitors.

**Definitions:** Fragrance refers to a scent that is perceptible by others. It includes but is not limited to personal care products such as perfume, cologne, aftershave products, hair care products, soaps, lotions, powders, deodorants; laundry products such as detergents and dryer sheets; cleaning products; and, air "fresheners" that contain fragrance. Fragrance products: any product that contains fragrance or scent.

**Procedure:** All staff will attend a brief training on the adverse health effects of fragrance. Staff will have an opportunity to share concerns and ask questions.

A pamphlet describing the issue and stating acceptable fragrance free personal care, laundry and cleaning products will be distributed. Health concerns that arise from infractions of the policy are to be directed to health services. Noncompliance issues are to be directed to the appropriate administrator.

**Patients and visitors:** Patients and visitors will receive a pamphlet explaining the reasons for and how to comply with the fragrance free policy. Signage that reads "Welcome. This is a Fragrance Free Health Care Environment. For the health and comfort of all who use this facility, kindly avoid using fragrance" will be posted at all entrances. Noncompliance issues are to be directed to the appropriate administrator.

Brigham and Women's Hospital in Boston, all hospitals in Halifax, Nova Scotia and many other health care facilities throughout Canada restrict fragrance use. Other policies that can serve as models are on web sites listed at the end of the article. ■

### Sample of fragrance survey

(Name of your health care facility) is considering having a policy that reduces the use of fragrance. By answering this short survey, you can help us in this decision.

Staff \_\_\_\_\_ Patient \_\_\_\_\_ Visitor \_\_\_\_\_

1. Do you experience any ill effects from fragrance? Yes \_\_\_ No \_\_\_

2. If yes, please describe briefly \_\_\_\_\_

3. If you are a staff member, has your ability to work ever been affected by fragrance in your work area? Yes \_\_\_ No \_\_\_

4. If yes, please describe briefly \_\_\_\_\_

5. What do you think about a fragrance policy? \_\_\_\_\_

Thank you for taking time to help us make your health care facility healthier!

Jane Doe, MD  
Director, Health Services

## How to advocate for a fragrance policy in a health care setting

1. Find and work with "like-minded" individuals; there is power in numbers. Create a support team so that you are not alone, thus minimizing burnout. Remember it takes time to implement a policy that affects so many people and in such a personal way. Contact the author for information and support.
2. Locate the person/people who has/have authority to implement the policy.
3. Set up a meeting with the person/people with the relevant authority. Decide who should attend the meeting and be prepared. Know what you want, what you are willing to do, and know what you want from them.
4. Bring scientific documentation; an example of a fragrance policy in use, an example of a model policy; and, a list of key resources including books, articles, and professional web sites such as references used in this article.
5. Emphasize a win-win outcome. Better air quality enhances staff health and productivity and makes the facility accessible for those with health problems related to fragrance.
6. Consider conducting a simple anonymous survey about the issue if administrators do not think that fragrance is a problem. See Table 3 for a sample survey.
7. Agree on dates for creating a draft of a fragrance policy, reviewing the draft, and implementing the policy. You may want to begin with just one area; if so, consider choosing the newborn nursery or pediatrics since people may be more open to change if it is for an infant or child.
8. Develop brochures for educating staff, patients and visitors. Develop a sign that welcomes all to your facility; post signs at all entrances. A suitable sign can be downloaded at [www.hcwh.org](http://www.hcwh.org).
9. Review the policy on a regular basis and revise as needed.

### Resources

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- Sattler, B. and Jane Lipscomb, eds. *Environmental Health and Nursing Practice* NY: Springer, 2003

## Health & Safety Contacts

For questions, comments or concerns related to health & safety issues, contact:

■ **Evie Bain, MEd, RN, COHN-S**  
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[eviebain@mnarn.org](mailto:eviebain@mnarn.org)

■ **Christine Pontus, MS, RN,**  
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## When you find yourself in the role of Sexual Assault Nurse Examiner

*Information that will help you and your patient*

It is mid-way through your shift and the triage nurse tells you a patient reporting a sexual assault has just arrived for care. Your first inkling is to appear very occupied with your other patients—it has been a very long time since you have even had the chance to look at the Massachusetts Sexual Assault Evidence Collection Kit. Doesn't it take hours to properly complete the kit? Isn't the paperwork overwhelming? What if the case goes to court and I need to testify?

What follows will not only answer these questions, but it will provide you with other important information that will help to calm some of your fears regarding evidence collection and the care of sexual assault survivors who are older than 12 years of age.

### Remember the patient & be prepared

The kit is distributed to all hospital EDs across the commonwealth by the Executive Office of Public Safety. The Massachusetts kit is the national gold standard and now includes 20 steps—though not all 20 steps are completed for each patient.

Before you open the kit box, it is recommended that you do the following:

- Offer to connect the patient with an advocate from a local rape crisis center who can stay in the room during the evidence collection process. This will allow you to concentrate on the steps of the kit without being the patient's sole support person during the exam.
- Consider gathering some extra supplies, including:
  - **A new, unopened vial of sterile water and a small syringe.** Sterile saline may cause arcing in the electromagnetic fields of the crime lab's equipment, so be sure that you are using sterile water, not saline. This same vial of sterile water will be used to moisten swabs in the kit as needed.
  - **Several additional cotton swabs.**
  - **Several Styrofoam cups.** The bottoms of inverted Styrofoam cups can be punctured with the wooden stick of the swabs and used to hold the swabs in a stable location while they dry.
  - **Clean, unused business-sized envelopes and plain paper.** These can be used for the purposes of additional evidence collection. Be sure, however, not to talk, cough or sneeze over any of these materials (or the open kit) as your own DNA can easily be transferred. Long hair should also be pulled back and secured.

### Opening the kit and getting started

The kit box should be intact before being opened for use. Once you open a kit "you own it," so it should remain in your possession at all times until secured with the enclosed evidence seals upon completion. Each kit box includes a set of instructions, so let the patient know that in order to ensure proper evidence collection you may need to refer to the instructions as you go.

Let the patient know what you can offer him/her and answer any questions they may

have regarding the exam. The patient must be able to consent to the evidence collection. The kit can be used up to 120 hours (five days) post-assault. If the patient does not want evidence collected, they should still be given a medical exam and offered the appropriate prophylactic medications. The assault can be documented using copies of Forms 1-6.

### The first three steps

- Step 1 of the kit is the paperwork, which includes the consent form (note that the patient can consent or not consent to each portion of the exam).
- Step 2 of the kit is a control. This allows the crime lab to ensure the integrity of the kit and the sterile water. When these swabs are tested, they should be negative for any biological sample. A contaminated control swab will jeopardize the value of the MSAECK results.
- The Comprehensive Toxicology Testing (Step 3) is never done in isolation. This step utilizes a separate small box and includes serum and urine samples. Remind the patient not to "wipe" when collecting the urine sample as some valuable evidence may be wiped and flushed away.

In a drug-facilitated sexual assault, the patient may have little recall of the event; know few details of the assault; may have awoken in a strange place; or recalls drinking one or two drinks but was markedly more intoxicated than would be expected. As a result, the patient must understand that this step is comprehensive. The sample will be tested for hundreds of legal and illegal substances. The results of the test will be discoverable should the case go to trial. Patients should be informed that results of the toxicology testing can be obtained from 1) the district attorney's "victim witness advocate" in reported cases or 2) in six weeks from a hotline in unreported cases.

### Other things to know

- Listen to the patient's report of the assault; that history will guide your evidence collection.
- If the patient was touched or licked somewhere, swab the area. When swabbing, use two swabs simultaneously in order to obtain identical samples. Moisten swabs that are to be used on a dry area, use dry swabs when swabbing a moist area.
- Oral and anal swabs are appropriate to collect within 24 hours of an assault if there has been penetration of those areas or if the patient is unable to recall the details of the assault (as in a suspected drug-facilitated sexual assault).
- Hair samples should be representative of the patient's entire head of hair. The samples sizes should be large (50 for head hair, 30 for pubic hair) and should include at least some hairs with roots.
- Foreign bodies should be collected with caution. Any foreign object that may cause bleeding or further injury upon removal should be removed by the physician.

Foreign bodies (such as a tampon or con-

dom retained in the vaginal cavity) should be placed in a sterile container with holes punched in the top to allow for continued drying. Sanitary pads and tampons are excellent sources of biological samples and should be included in the kit whenever possible. Do not wrap these items in ABD pads or chux as the crime lab will be unable to extract a biological sample from that wrapping.

- Whenever possible, use paper to transport foreign bodies or clothing.
- If there was oral contact with any part of the patient's body, swab those areas.
- Seal each envelope before returning it to the kit box, but do not use staples or saliva to seal the envelopes.
- The front of the kit box is completed by the clinician sealing the box. The name of the patient is only included on the kit box when the case has been reported to the police. If the patient chooses to wait to speak to police, leave that line blank.
- The kit should be secured in a locked refrigerator until it is retrieved by police. If for some reason the police are unwilling to retrieve a kit after multiple requests, call the SANE regional coordinator in your area for further assistance.

### Helping your patient after the exam

When you have completed the evidence collection, inform the patient of any injury noted, or that he/she is healthy and that things look normal. Remember, even if no evidence is found it does not mean a sexual assault did not happen. Explain to the patient that "reported" kits are analyzed at the appropriate crime laboratory and that results will be sent to the investigating police department/



district attorney's office. Unreported kits are not analyzed until a report is made (except for comprehensive toxicology kits). These kits are stored at the crime laboratory.

The patient should also be offered prophylaxes according to the history of the assault. Consider the patient's risk for pregnancy, HIV, Hep B and other STDs. Prophylaxes are most effective when given soon after an assault.

Safety planning is also a crucial step in preparing for a patient's departure, and both the nurse and medical advocate from the rape crisis center should collaborate on the needs of the patient prior to his/her discharge from the facility. In addition, follow up counseling may be available from the rape crisis center at no charge.

### For more information

Eight-hour trainings on the "Multidisciplinary Approach to Caring for Sexual Assault Patients: The Kit, the Care and the Follow-Up" can be brought to your facility.

Contact Mary Sue Howlett, RN, SANE, SANE Program Training Coordinator at [mhowlett@mnarn.org](mailto:mhowlett@mnarn.org) or 978-687-4262 for more information. ■

## MNA Baseball Caps



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To order, contact the MNA's Division of Membership, 781-830-5726, or send checks to: MNA Division of Membership, Attn: MNA baseball hats, 340 Turnpike Street, Canton, MA 02021.

...Newton-Wellesley

From Page 1

disciplinary actions or even termination.

"We were outraged and appalled by management's desire to incorporate these unprofessional practices into our evaluation tool and, that under their plan, fully 70 percent of our evaluation was to be based on our complying with these practices—and only 30 percent of our performance would be judged on our clinical practice," said Nora Watts, co-chair of the nurses bargaining unit. "We made it clear to our membership and more importantly to management that, as professional nurses, how we communicate with our patients and what we say to them is our professional prerogative based on the needs of the patient and the preservation of an appropriate therapeutic relationship. We would not allow any marketer to destroy that relationship or co-opt our communication with patients."

Consultants call for 'scripting' patient communication

Several years ago, the hospital hired the "Studer Group," another in a long line of high-paid health care-oriented marketing and customer service consultants that attempt to boost patient satisfaction by applying service industry communications techniques to health care settings. Among their activities at Newton-Wellesley Hospital, the Studer Group developed a marketing campaign and training program for employees pushing what they call their "CareFirst Standards." The standards cover everything from dress codes and appearance (hair must be neat and out of your face) to telephone and elevator etiquette to picking up litter and cleaning spills to owning all patient complaints to avoiding last minute requests and to strict adherence to specific patient scripts that employees, including nurses, must use when talking to patients.

Upon leaving any room of a patient, nurses were to say, "Is there anything else I can do for you, I have the time." They were also instructed to never tell patients they would give them "excellent" care. Instead, they were told they must say "we will give you very good care." They were also told to make sure that they repeated the phrase.

Why "very good" and not "excellent?" The answer exposes a key motivation behind the programming. Beginning last year, JCAHO accreditation standards began to include patient satisfaction as an issue that hospitals needed to report on as part of their JCAHO survey. The Press Ganey survey tool, which Newton-Wellesley Hospital was employing to measure patient satisfaction, has "very good" as a key indicator of care quality.

"We were told in a staff meeting that we needed to use the words "very good" in communicating with our patients so that when they filled out their surveys, those words would stick in their minds and they would check that box on the survey and boost our scores," said Betty Sparks, a long-time nurse at the hospital and one of those leading the charge to oppose the scripting for nurses.

A visit to the Studer Group's Web site by the nurses showed the ultimate objectives of the NWH scripting program. The consultants base their philosophy on "hardwiring" (another term for programming or brainwashing) employee behaviors to boost "patient volume." On the Web site nurses also found an article about their philosophy regarding performance evaluations. It read:

"To move organizational performance, healthy organizations hardwire the ways they re-recruit high performers, coach middle performers, and create performance pressure on low performers to move up or out of the organization."

"There was no way we were going to allow

management to have the power to discipline or fire nurses simply because they refused to violate their professional obligation to communicate with patients based on their own professional judgment. If this was management's program, we weren't buying," Watts explained.

An anti "Stepford Nurse" campaign

The nurses swung into action. They immediately informed union members of the hospital's intentions and began educating them about what they meant. They also informed the nurses that Newton-Wellesley, while a member of Partners Health Care, was the only unionized hospital in the system attempting to implement this evaluation tool—and that other Partners hospitals evaluated their nurses predominantly based on their clinical practice and competency as nurses.

In the bargaining unit's first communication to nurses, they made it clear what a true program of patient care should include. It stated that "if the hospital wants to create patient care standards," management should "adhere to a few standards of their own." These included:

- **Providing safe staffing ratios as called for in H. 2663**—If management wanted nurses to answer call lights promptly; meet the physical, psychosocial and spiritual needs of patients; and anticipate and own all aspects of patient care, then they should guarantee nurses a safe patient assignment with which to provide such care or the right to refuse an assignment that prevents them from delivering this level of care.
- **Evaluations based on clinical competence and professional judgment**—not on one's ability to meet superficial customer service standards that were better

designed for greeters at Wal-Mart.

The nurses also made it clear that they expected to be treated with dignity and respect, and they fostered this belief by emphasizing that if management wanted more out of its nurses it should treat them like professionals—not like audio animatronics characters in a Disneyworld display. As Watts told management during the negotiations, "It's hard for me to keep my hair neat and tidy and look perfect for my patients when I've been going 12 hours straight without a break, which happened last week."

Next, the nurses wore buttons that read "We are NOT Stepford Nurses" and then held a petition drive opposing the plan. Hundreds of nurses signed the petitions.

Because the nurses are unionized, the hospital was obligated to negotiate with them before implementing the policy. The talks began in September and, after multiple sessions, both parties reached an agreement on an evaluation tool that didn't have any of the onerous, unprofessional marketing requirements. Specifically, there was no mention of scripting of any kind. Instead, all communication was to be based on the nurses' professional judgment and standards of nursing practice.

"We are proud of how the nurses stood up to management and refused to compromise their professional integrity," Watts said. "In the end, a nurse's loyalty is always to the patient, not the institution. The hospital hires us as RN licensees. But as RNs, our first obligation through that license is to the patient—not to our employer." Sometimes, what hospitals want from a marketing standpoint is not in the best interest of the patient. When push comes to shove, nurses must and should protect the patient and push back against the corporatization of health care." ■

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See *Incumbents*, Page 15

## Consent to Serve for the MNA 2006 Election

I am interested in active participation in the Massachusetts Nurses Association

### MNA General Election

- |  |   |
|--|---|
| <input type="checkbox"/> Vice President, Labor*, 1 for 2 years             | <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region]    |
| <input type="checkbox"/> Treasurer, Labor*, 1 for 2 years                  | <input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per region]          |
| <input type="checkbox"/> Director, Labor* (5 for two years) [1 per Region] | <input type="checkbox"/> Congress on Nursing Practice (6 for 2 years)             |
| <input type="checkbox"/> Director At-Large, General (4 for 2 years)        | <input type="checkbox"/> Congress on Health Policy (6 for 2 years)                |
| <input type="checkbox"/> Director At-Large, Labor (3 for 2 years)          | <input type="checkbox"/> Congress on Health & Safety (6 for 2 years)              |
|  | <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |

*\*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN health care professional who is a member in good standing of the labor program.*

Please type or print — Do not abbreviate

Name & credentials \_\_\_\_\_  
(as you wish them to appear in candidate biography)

Work Title \_\_\_\_\_ Employer \_\_\_\_\_

MNA Membership Number \_\_\_\_\_ MNA Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Educational Preparation

School	Degree	Year

### Present Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.)

MNA Offices	Regional Council Offices

### Past Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.) Past 5 years only.

MNA Offices	Regional Council Offices

Candidates may submit a typed statement not to exceed 250 words. Briefly state your personal views on nursing, health care, and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse*. Statements, if used, must be submitted with this consent-to-serve form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2006  
Final Ballot: June 15, 2006

**Return To:** Nominations and Elections Committee  
Massachusetts Nurses Association  
340 Turnpike Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: [www.massnurses.org](http://www.massnurses.org)

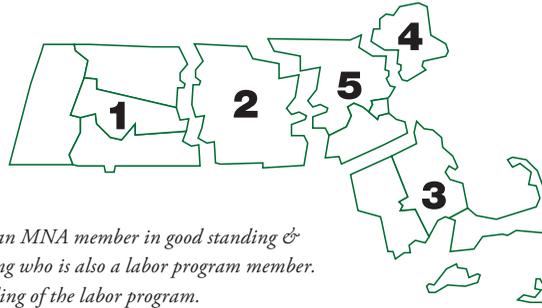
## Consent to Serve for the MNA Regional Council

I am interested in active participation in MNA Regional Council

At-Large Position in Regional Council

*I am a member of Regional Council*

\_\_ Region 1 \_\_ Region 2 \_\_ Region 3 \_\_ Region 4 \_\_ Region 5



*General members, labor members and labor program members are eligible to run. General means an MNA member in good standing & does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Health care Professional who is a member in good standing of the labor program.*

Please type or print — Do not abbreviate

Name & credentials \_\_\_\_\_  
*(as you wish them to appear in candidate biography)*

Work Title \_\_\_\_\_ Employer \_\_\_\_\_

MNA Membership Number \_\_\_\_\_ MNA Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Educational Preparation**

School	Degree	Year

**Present Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.)**

MNA Offices	Regional Council Offices

**Past Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.**

MNA Offices	Regional Council Offices

Candidates may submit a typed statement not to exceed 250 words. Briefly state your personal views on nursing, health care, and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse*. Statements, if used, must be submitted with this consent-to-serve form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2006  
Final Ballot: June 15, 2006

Return completed forms to the Chairperson of your specific Regional Council:  
 Region 1: Patricia Healey, MNA Region 1, 241 King Street, Suite 215, Northampton, MA 01060  
 Region 2: Jeannine Williams, MNA Region 2, 193 Boylston Street, Suite E, West Boylston, MA 01583  
 Region 3: Peggy Kilroy, MNA Region 3, 449 Route 130, Sandwich, MA 02563  
 Region 4: Catherine Evlog, MNA Region 4, 10 First Avenue, Suite 20, Peabody, MA 01960  
 Region 5: James Moura, MNA Region 5, 340 Turnpike Street, Canton, MA 02021

### Regional Council election

Pursuant to the MNA Bylaws: Article III, Regional Councils, Section 5: Governance  
 The governing body within each region will consist of:

- a. (1) A Chairperson, or designee, for each MNA bargaining unit.  
 (2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.  
 (3) Seven at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.
- b. At-large members shall be elected by the Regional Council's membership in MNA's general election. Four at-large members shall be elected in the even years for a two year term and three at large members shall be elected in the odd years for a two year term.

*Proviso: This election commences in 2006*

Please note the consent to serve form for the Regional Council at-large positions is on this page. Four members will be elected this year to serve a two-year term. ■

### ...Incumbents

*From Page 14*

- Marian Nudelman (2004-2006)\*
- Christine A. O'Brien (2004-2006)
- Margaret M. Webster (2004-2006)
- Linda A. Winslow (2004-2006)\*

#### Congress on Health & Safety

- Terri J. Arthur (2004-2006)\*
- Janet Butler (2004-2006)\*
- Mary Ann Dillon (2005-2007)
- Sandra E. LeBlanc (2004-2006)\*
- Kathleen Sperrazza (2004-2006)\*
- Lorraine MacDonald (2005-2007)
- Gail Lenehan (2005-2007)
- Elizabeth O'Connor (2005-2007)
- Mary V. Bellistri (2005-2007)\*
- Michael A. D'Intinosanto (2004-2006)\*
- Janet K. Reeves (2004-2006)\*

### Support Safe RN Staffing

It's crunch time on Beacon Hill. Contact your legislators and ask them to stand with RNs and patients by supporting a safe limit on a nurse's patient load.

To send a message to your legislators, visit <http://capwiz.com/massnurses/> and enter your name and address. This is the easiest way to make your voice heard.

**Safe Ratios Save Lives**

**Act now!**



## Scholarship funding available through the Massachusetts Nurses Foundation

### Kate Maker Scholarship

This scholarship was established to honor the memory of Kate Maker, RN, a great leader and powerful activist. Kate's primary focus as an activist was with the MNA. Kate was a long-time member of the MNA Board of Directors, and she served two terms as the chairperson of her bargaining unit at UMass Memorial Health Care's University Campus in Worcester. Kate participated in pickets and strikes for nurses at several Worcester-area hospitals and was particularly effective when it came to explaining the connections between safe-RN-staffing ratios and their immediate impact on patient safety.

The scholarship will be awarded to a student (entry level or practicing RN) who is pursuing an associate's or bachelor's degree in nursing. Preference will be given to students living and/or working in the Worcester area first, and then to other areas of MNA Regional Council 2. If the applicant is a practicing RN who is pursuing a bachelor's degree, she/he must be an MNA member.

### Janet Dunphy Scholarship

Funded by a scholarship established by Regional Council 5, these scholarships are

given annually to an MNA member in good standing in Regional Council 5 and who is pursuing a B.S., M.S. or doctoral degree. Second preference will be given to those seeking advanced degrees in public health policy or labor relations at any level. If the applicant is an MNA member in a collective bargaining unit, an additional reference is required from your local unit representative/committee member attesting to distinguished service within your local unit. Anyone who is known to have crossed a picket line cannot be considered.

### Regional Council 5 Scholarship

(Child of member in nursing program under age 25.) Funded by Regional Council 5, these scholarships will be awarded to a family member of an MNA member in good standing from Regional Council 5 and who is enrolled in an NLN accredited program in nursing.

### Regional Council 5 Scholarship

(Child of member—higher education under age 25.) Funded by Regional Council 5, these scholarships will be awarded to a family member of an MNA member in good stand-

ing from Regional Council 5 and who is enrolled in an accredited program in any course of study.

### Regional Council 5 Scholarship

(Spouse/domestic partner in nursing program; second preference will be given to those pursuing degree in public health policy, health care professional track or labor relations.) Funded by Regional Council 5, these scholarships will be awarded to a spouse/domestic partner of an MNA member in good standing from Regional Council 5 and who is enrolled in an NLN accredited nursing program.

### Regional Council 4 Scholarship

Funded by Regional Council 4, this scholarship is given to an active Regional Council 4 MNA member to assist with his/her studies for a B.S., M.S. or doctoral degree in nursing.

### Regional Council 3 Scholarship

Funded by Regional Council 3, scholarships are being offered to an MNA member in good standing and active in Regional Council 3 to assist with his/her studies for an A.D., B.S, M.S. or doctoral degree.

### Regional Council 3 Scholarship

(Child of member in nursing program.) Funded by Regional Council 3, scholarships are being offered to a child of an MNA member in good standing and active in Regional Council 3 to assist with his/her studies in an accredited associate or baccalaureate nursing program.

### Regional Council 2 Scholarship

Funded by Regional Council 2, scholarships will be awarded to an active Regional Council 2 member in good standing to assist with his/her studies in an accredited bache-

lor's, master's or doctoral program in nursing or a family member continuing their education in nursing.

### Regional Council 2 Scholarship

(Family/Child of member in nursing program.) Funded by Regional Council 2, scholarships will be awarded to a family member/child of an active Regional Council 2 member in good standing to assist with his/her studies in nursing.

### Regional Council 1 Scholarship

Funded by Regional Council 1, this scholarship is offered to a family member of a Regional Council 1 member, or a student sponsored by a Regional Council 1 member pursuing a degree in nursing.

### Labor Relations Scholarship

Two scholarships are funded annually by a grant established by the MNA Division of Labor. The scholarships are for an RN or health care professional who is also an MNA member in good standing. Applicants must also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field. Additional reference is required from your local unit representative identifying your involvement in labor relation/collective bargaining activities.

### MNA Unit 7 Scholarship

Two scholarships are being offered to members of Unit 7 State Chapter of Health Care Professionals pursuing a degree in higher education. One will be awarded to a registered nurse and one will be awarded to a health care professional.

For more information or to request a scholarship application, call 781-830-5745. Printable applications are also available at [www.massnurses.org](http://www.massnurses.org). ■

2006

## MNF Golf Tournament

Thursday, June 29

Brookmeadow Country Club  
Canton, Mass.

- ⊙ 7 a.m. sign-in  
8 a.m. shotgun start
- ⊙ Cash awards & prizes for men's, women's & mixed pairs
- ⊙ Hole-in-one prizes
- ⊙ Raffle and award
- ⊙ Register before June 1 for only \$99 per person; \$109 after June 1 (includes breakfast and lunch)



FOR MORE INFORMATION OR TO REGISTER A FOURSOME  
781-830-5745

A fun way to raise funds for nursing scholarships

### Donations Needed for MNF Annual Auction!

We Need Your Help: The Massachusetts Nurses Foundation is preparing for the annual golf tournament that is scheduled for June 2006, as well as its annual silent and voice auction to be held during the MNA's 2006 convention.

Donations are needed to make these fundraising events a big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships and research.

- |                           |                              |
|---------------------------|------------------------------|
| ✓ Valuable Personal Items | ✓ Memorabilia & Collectibles |
| ✓ Gift Certificates       | ✓ Vacation Packages          |
| ✓ Works of Art            | ✓ Gift Baskets               |
| ✓ Craft Items             |                              |

Your support is appreciated

*Jeannine Williams*  
MNF President

*Patricia Healey*  
MNF Secretary

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to: MNF, 340 Turnpike Street, Canton, MA 02021



# MEDICAL ACCESS, LABOR & HUMAN RIGHTS ON THE WEST BANK AND GAZA

**Date:** May 17, 2006

**Time:** 7- 9 p.m.

**Location:** MNA Headquarters  
340 Turnpike Street,  
Canton

**Speakers:** Jeff Klein  
Howard Lenow  
Alice Rothchild



A light supper will be served.  
This event is free, but pre-registration  
is required and can be secured by  
calling 781-830-5727.

*Sponsored by*  
MNA Diversity Committee



## MNA

PEER ASSISTANCE PROGRAM

*Help for Nurses with Substance Abuse Problems*

Are you a nurse who is self-prescribing medications for pain, stress or anxiety?

Are you a nurse who is using alcohol or other drugs to cope with everyday stress?

Would you appreciate the aid of a nurse who understands recovery and wants to help?

CALL THE MNA PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL

781-821-4625, EXT. 755

OR 800-882-2056 (IN MASS ONLY)

WWW.PEERASSISTANCE.COM

## Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

*Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.*

### Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy. Contact: Terri O'Brien, 781-964-9546. Meets: Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O'Flaherty, 508-559-8897.

- Meets: Fridays, 6:30-7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

### Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Meets: Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

### Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Teri Gouin, 978-352-2131, x15. Meets: Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor, Beverly. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 p.m.

- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O'Neil, 781-979-0262. Meets: Sundays 6:30–7:30 p.m.

### Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Contact: Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.
- Professional Support Group, Franklin Hospital Lecture Room A, Greenfield. Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Meets: Wednesdays, 7–8 p.m.

### Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

### Other Areas

- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036 Meets: Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 5<sup>th</sup> Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m. ■

# MORE EXCITING GROUP TRIPS TO EUROPE IN 2006!

MNA is pleased to announce we are promoting these trips.

## GREECE, WITH A THREE-NIGHT GREEK ISLAND CRUISE

\$1,869\* outside cabin or \$1,799\* inside cabin

Oct. 25 – Nov. 2, 2006

We are offering this spectacular nine-day/seven-night tour to Greece and the Greek Isles at a beautiful time of year for the area. While in Greece, we will be staying in Athens and touring the local sites of the ancient capital. We will also tour key sites outside of Athens in Delphi and Corinth. This trip will include a three-night cruise aboard the Louis Cruises' *Perla*. While onboard we'll visit the following Greek Islands: Mykonos, Rhodes and Patmos as well as the Turkish Island of Kusadasi. This trip includes round trip air from Boston and transfers to and from the hotel. Almost all meals are included (three lunches are on your own) as well as daily tours. This trip is sure to fill quickly, so reserve soon.



## FLORENCE, VENICE AND ROME

\$1,729\*

Nov. 9-17, 2006

Join this wonderful nine-day/seven-night tour featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini (just outside of Florence). From there you will have day trips to Florence, Venice, Siena and San Gimignano. On the day we travel south to Rome, we will visit the picturesque city of Assisi. The remaining three nights will be in Rome where we will have a full-day tour of the Colosseum, the Parthenon, the Spanish Steps, the Trevi Fountain and much more. The other day in Rome will include a tour of Vatican City. This trip includes round trip air from Boston and transfers to and from the hotel. Breakfast and dinner daily is included as well as one lunch. Don't miss this grand tour of Italy's key cities.



**Reserve Early** 🌊 **Space is Limited**

To receive more information and a flyer on these great vacations, contact Carol Mallia via email at [cmallia@mnarn.org](mailto:cmallia@mnarn.org) and provide your name and mailing address.

\*Prices listed are per person, double occupancy based on credit card purchase. Applicable departure taxes are not included. Check purchase price is \$30 lower than the price listed.

## MNA membership dues deductibility 2005

Below is a table showing the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Region	Amount	Percent
All Regions	\$28.50	5.0%

The Massachusetts Nurses Association joins MITSS in providing support to nurses involved with an adverse medical event.

## "To Support Healing & Restore Hope"

### Program Mission/Philosophy

- We believe that nurses have a professional responsibility to support colleagues who have been affected by unexplained medical outcomes or adverse patient events.
- We believe that early support can lessen the emotional effects on the nurse clinician provider.
- **Are you a nurse who has been impacted emotionally by an experience associated with an adverse medical outcome?**
- **Would you like to talk confidentially to a MITSS therapist?**
- **Would you like to join in a peer-led support group?**
- **Would you like to join or participate in a structured support group led by an experienced psychologist?**

Medically Induced Trauma Support Services (MITSS), Inc. is a non-profit organization that supports, educates, trains, and offers assistance to individuals affected by medically induced trauma.

### MITSS supports clinicians using the following resources:

- One-on-one interaction via phone
- Group sessions led by a professional facilitator
- Training for fellow survivors who would like to help others

MITSS Toll-Free Number  
MNA MITSS Referral Line  
MITSS Web Site

888-36-MITSS  
781-821-4625, x770  
<http://mitss.org>

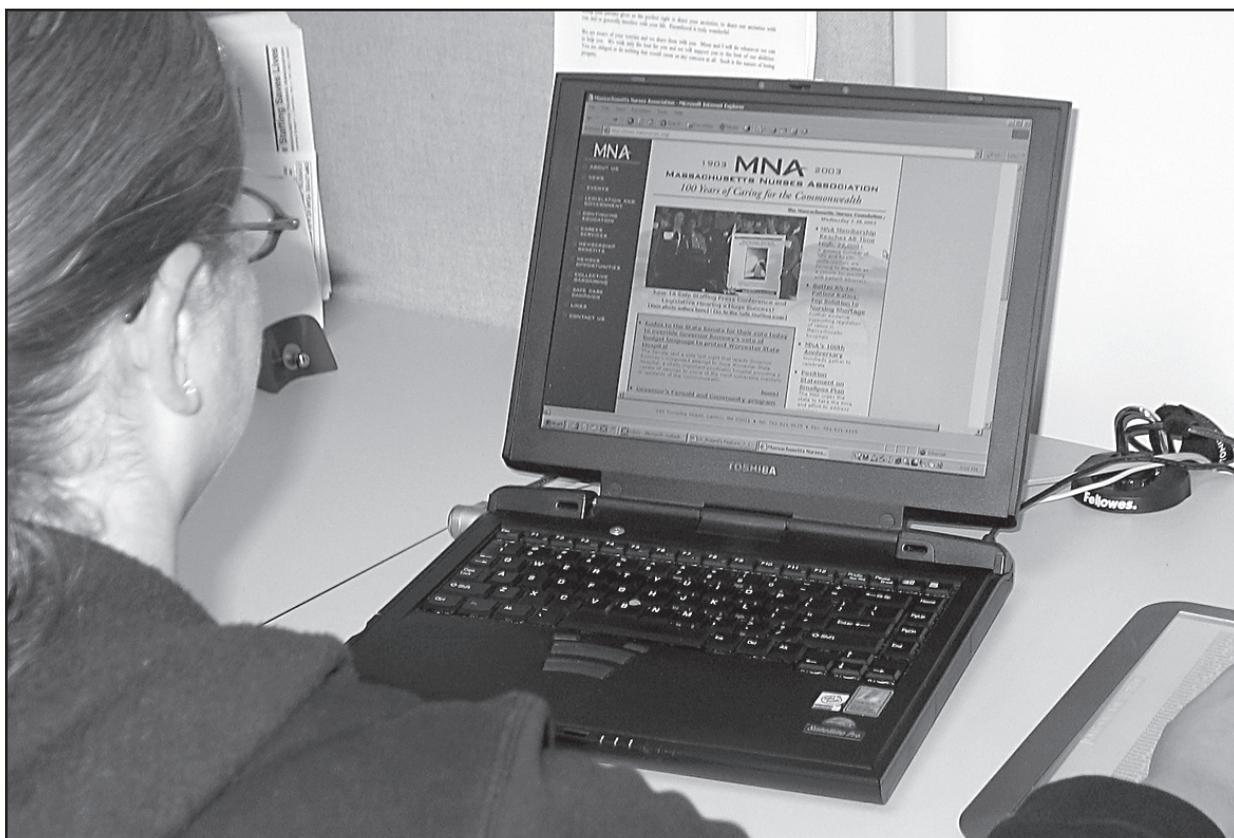
*This service is available to any RN in Massachusetts.*



# MNA

# Free online courses!

## **NEW online Continuing Education Programs on the MNA Web site**



### **Current program topics include:**

#### **Fragrance Free! Creating a Safe Healthcare Environment**

1.2 contact hours

The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice.

#### **Workplace Violence**

1.1 contact hours

The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the health care setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence.

***Participating RNs and healthcare professionals have the option to either complete their studies in “one sitting” or over the course of several days and/or visits—whatever is most convenient.***

# MNA CONTINUING EDUCATION COURSES

Spring 2006 Courses

## Cardiac and Pulmonary Pharmacology

**Description** This program will provide nurses, from all clinical practice settings, with a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.



**Speaker** Carol Mallia, RN, MSN

**Date** May 16

**Time** 5 – 9 p.m. (light supper provided)

**Place** MNA headquarters, Canton

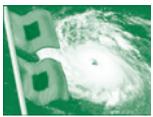
**Fee** MNA members free; others \$65

**Contact Hours\*** 4.5

**MNA Contact** Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

## Disaster Preparedness: An All-Hazards Approach for Nurses

**Description** This three-part program provides an overview of the "All-Hazards Approach" to disaster management geared to the special role of nurses. The development of approaches and capacity to deal with common natural and technological disasters (hurricanes, floods, forest fires, earthquakes, flu outbreaks, power outages, natural gas explosions) as well as with chemical, biological, radiological and nuclear threats and the role nurses can play in responding to disasters will be discussed. This approach calls for the development of adaptable plans which provide the basis for dealing with a variety of hazards and disasters, including terrorist acts. Part 1) All hazards approach overview; Part 2) Community, family, self: disaster planning, nurse involvement; Part 3) Psychosocial effects of disaster, nursing management. Participants may elect to attend any or all parts.



**Speakers** Part 1: Anthony Fulcalaro, EMT; Capt. Lawrence P. Ferazani

Part 2: Cynthia R. Butters, RN, MS, Ed.D.; Mary Conant, RN, BSN

Part 3: Lisa Gurland, RN, Psy.D; Karen Carpenter, APRN, BC, FNP, JD

**Date** June 1 – Part 1

June 14 – Part 2

June 21 – Part 3

**Time** 5 – 9 p.m. (light supper provided)

**Place** MNA headquarters, Canton

**Fee** MNA members free; others \$45 per session

**Contact Hours\*** Will be provided

**MNA Contact** Susan Clish, 781-830-5723 or 800-882-2056, x723

## Cardiac and Pulmonary Emergencies

**Description** This program is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation and ABG interpretation, as well as clinical management of respiratory distress, will be addressed.



**Speaker** Carol Mallia, RN, MSN

**Date** June 20

**Time** 5 – 9 p.m. (light supper provided)

**Place** MNA headquarters, Canton

**Fee** MNA members free; others \$65

**Contact Hours\*** 3.9

**MNA Contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## CONTINUING ED COURSE INFORMATION

**Registration** Registration will be processed on a space available basis. Enrollment is limited for all courses.

**Payment** Payment may be made with MasterCard, Visa or Amex by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.

**Refunds** Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.

**Program Cancellation** MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. **In case of inclement weather**, please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.

**\*Contact Hours** Continuing education contact hours for all programs are provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**To successfully complete a program and receive contact hours or a certificate of attendance, you must:**

- 1) Sign in
- 2) Be present for the entire time period of the session
- 3) Complete and submit the evaluation

**Chemical Sensitivity** Scents may trigger responses in those with chemical sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

**All Continuing Education programs run entirely by the MNA are free of charge to all MNA members. Pre-registration is required.**

## MNA CONTINUING EDUCATION REGISTRATION

- Cardiac and Pulmonary Pharmacology (May 16)
- Disaster Preparedness: An All-Hazards Approach for Nurses (June 1, 14 & 21)
- Cardiac and Pulmonary Emergencies (June 20)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Reminder:** All Continuing Education programs that are run entirely by the MNA are free to MNA members. Pre-registration is required.

### Payment

Check enclosed (Payable to MNA)

Please charge my  Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Expires (Mo/Yr) \_\_\_\_\_

Signature as shown on credit card \_\_\_\_\_

Return this form with payment to MNA, 340 Turnpike Street, Canton, MA 02021

# MNA Member Discounts Save You Money

## Personal & Financial Services

### PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION ..... 800-247-1500 (8:00 A.M. TO 6:00 P.M.)  
Leading provider of professional liability insurance for nursing professionals with over 800,000 health care professionals insured.

### CREDIT CARD PROGRAM

MBNA AMERICA..... 800-847-7378  
Exceptional credit card at a competitive rate.

### TERM LIFE INSURANCE

LEAD BROKERAGE GROUP ..... 800-842-0804  
Term life insurance offered at special cost discounts.

### LONG TERM CARE INSURANCE

WILLIAM CLIFFORD..... 800-878-9921, x110  
Flexible and comprehensive long-term care insurance at discount rates.

### SHORT TERM DISABILITY INSURANCE

ISI NEW ENGLAND INSURANCE SPECIALIST LLC ..... 800-959-9931 OR 617-242-0909  
Six-month disability protection program for non-occupational illnesses & accidents.

### LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP ..... 800-842-0804  
Provides income when you are unable to work due to an illness or injury.

### RETIREMENT PROGRAM

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Purchase discount admission tickets for \$30 per person (seasonal).

**For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726.  
All discounts are subject to change.**

## Substance abuse policies change: Will it influence how you help a colleague?

The Board of Registration in Nursing recently made policy changes to the Substance Abuse Rehabilitative Program (SARP). The SARP program is a five-year program that exists to help nurses who have problems with alcohol and/or other drugs to return to practice while protecting the public's health, safety and welfare.

The SARP was established as a voluntary alternative to disciplinary action for nurses who are struggling with substance abuse. Anyone who participates in the program must agree to the terms outlined in a five-year contract which includes formal therapy, toxicology screening and attendance at self-help groups. Regular assessment by an evaluation committee of the individual's progress and stipulations for employment are required of

the participants on a quarterly basis, as is the use of prescribed and over-the-counter medications.

The SARP has an oversight committee known as the Substance Abuse Rehabilitative Evaluation Committee (SAREC) which meets monthly in three locations throughout the state. Historically, nurses who have entered the SARP program have been able to retain their licenses until they were reviewed and accepted by the SAREC committee. The SAREC committee would review each individual applicant and determine if practice restrictions were indicated. The majority of nurses would be required to voluntarily surrender their licenses for at least one year. Reinstatement of a nurse's license would be based on individual review of the SARP par-

ticipant by the SAREC committee.

In September, the Board of Registration in Nursing approved a policy revision to the SARP program. Specifically, the admission application was revised to include a provision that would require the nurse to agree "not practice as a nurse during the application process." This would mean that the individual would not be able to work *in attny capacity* as a nurse until reviewed by the SARP staff and/or SAREC committee.

In most cases, the committee recommends license restrictions for at least one year. The current wait time for application to SAREC review is two to three months, however the SARP staff individually review each application and are able to "fast track" an individual into the SARP program in as little as six weeks if appropriate. This policy change may be a financial challenge for some nurses since they will be unable to work as a licensed nurse and, as a result, they could potentially lose their health insurance coverage. In addition, the burden of cost for the SARP is the responsibility of the SARP candidate.

Since admission to the SARP program requires this license restriction during the application process, the challenge is for the

employer and collective bargaining representative to determine a plan that will allow the nurse to stay on as an employee in order to retain health insurance benefits. Historically, employers and collective bargaining representatives have worked collaboratively to negotiate a position that allows the nurse to practice in an area where administration of narcotics is not required (i.e., case management, utilization review, IV therapy, etc). Under the new policy, the employer and collective bargaining representative would need to work out an amendable agreement to retain the SARP candidate as an employee if not as a nurse.

It is the goal of the MNA addictions council to make all nurses and nurse administrators aware of this policy change and how it can affect the way a nurse with a substance abuse problem is helped. For more information about this policy change and the SARP program, contact the Board of Registration in Nursing at 617-973-0904.

For information on a one-hour, educational program entitled "Recognizing and Supporting your Nurse Colleague with a Substance Abuse Problem," contact Carol Mallia at [cmallia@mnarn.org](mailto:cmallia@mnarn.org) or 781-830-5755. ■

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**New England Chapters**

## MNA Discounts

### MNA offers valuable insurance programs

As a member of the MNA, you are fortunate to have access to a number of insurance programs to protect your medical and financial health. From disability insurance to long term care, your MNA discount program is a valuable resource for personal and financial services. Some of the programs offered to members include:

**Short Term Disability** protection is available to protect member's income in the event of an illness or accident, enabling you to have an independent source of income during or following a period of disability. Contact Nathan Gardner, ISI New England Insurance Specialists, LLC at (800) 959-9931.

**Long Term Disability** protection is accessible to members for coverage for 1, 2, or 5 years or up to age 65. Our members receive the most competitive rates in the industry. Contact Paul Bouchard, Lead Brokerage Group at (800) 842-0804.

**Long Term Care Insurance** is a flexible and comprehensive plan through John Hancock offering solutions to meet almost any need. Contact William Clifford, John Hancock Financial Services at (800) 878-9921 ext.110.

**Term Life Insurance** is available to members for coverage up to \$250,000 at special discounted rates. Contact Paul Bouchard, Lead Brokerage Group at (800) 842-0804.

Simply contact the representative listed for specific plan information and options. These individuals are familiar with the MNA negotiated discounts and are able to work with you to meet your specific needs. ■

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We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

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# NEED A SPEAKER FOR YOUR CLASS?

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# MNA

## Speakers Bureau

The MNA Speaker's Bureau provides experts to assist nursing school faculty in their efforts to bring important and topical information to students. Below is a listing of topics and speakers available free of charge to speak to your class.

- **Safe Staffing Saves Lives—The Case for RN-to-Patient Ratio Legislation**  
An analysis of the causes and impact of the current staffing crisis in Massachusetts on nurses and patients, review of research to support legislation, detailed explanation of the current safe staffing bill with a discussion of its benefits to the profession and patient care.  
*Presented by Charles Stefanini, MNA Director of Legislation and Governmental Affairs*  
**Contact: cstafanini@mnarn.org; 781-830-5716**
- **The Role of Political Action in Protecting Nursing Practice**  
A review of the impact of politics and government regulation on nursing practice and health care with an emphasis on how nurses can and should use the political process to protect their profession and improve care for their patients  
**Contact: cstafanini@mnarn.org; 781-830-5716**
- **No Time for Silence—Using Public Opinion to Protect Nursing Practice**  
A program promoting the need for nurses to be more visible and vocal in the media, in their communities and other forums to help shape public opinion to protect issues important to the profession. Includes a rationale for action, specific communications strategies and case histories.  
*Presented by David Schildmeier, MNA Director of Public Communications*  
**Contact: dschildmeier@mnarn.org; 781-830-5717**
- **Medication Errors: Focus on Prevention**  
This program describes the complexity of the medication system in acute care facilities. It is designed to assess and review medication administration systems to improve their safety.  
*Presented by Dorothy McCabe, MNA Director of Nursing*  
**Contact: dmccabe@mnarn.org; 781-830-5714**
- **A Primer on Accepting, Rejecting and Delegating a Patient Assignment**  
This program provides a framework for decision making based on the Nurse Practice Act and other regulatory agencies to safeguard nursing practice and patient care.  
**Contact: dmccabe@mnarn.org; 781-830-5714**
- **Obtaining Your First Position: A Primer**  
A program for senior nursing students to provide practical information on how to secure their first position in the field, including job search, resume preparation and interviewing tips.  
**Contact: dmccabe@mnarn.org; 781-830-5714**
- **Forensic Nursing and Care of the Sexual Assault Patient**  
A discussion on sexual assault and the prevalence of assault across the lifespan, options for medical care, forensic medical examinations, prophylaxis and counseling resources.  
*Presented by Mary Sue Howlett, RN, Training Coordinator, SANE Program*  
**Contact: mhowlett@mnarn.org; 978-687-4262**
- **The Role of the Mass. BORN and Its Relationship to Your Practice**  
A program covering the BORN'S regulatory authority in the state, rules and regulations governing the practice of nursing, the BORN disciplinary process, and the need for nurses to maintain professional liability insurance.  
*Presented by Mary Crotty, RN, MNA Associate Director/Nursing Research*  
**Contact: mcrotty@mnarn.org; 781-830-5743**
- **The MNA—Who We Are and What We Do**  
A program describing the role, mission, organization and activities of the MNA, with a review of key issues and accomplishments of the organization.  
**Contact: dschildmeier@mnarn.org; 781-830-5717**
- **Unions and Nursing—The Power of Collective Bargaining**  
This program covers the history of unionization in nursing, what unions do, the benefits of union representation, as well as information on the process for forming a union.  
**Contact: dschildmeier@mnarn.org; 781-830-5717**
- **History of Nursing in Mass.—100 Years of Caring for the Commonwealth**  
This program traces the history of professional nursing and the MNA in the commonwealth, from its birth in 1903 through establishment of the RN role under law, its growth and development up until today.  
**Contact: dschildmeier@mnarn.org; 781-830-5717**
- **Managing Conflict: The Verbal Solution**  
This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies, including situational analysis and effective listening and communication skills will be addressed. The program will conclude with an interactive discussion of case scenarios related to conflict management.  
*Contact: jfergus@mnarn.org; 781-830-5714*
- **Recognizing and Supporting Colleagues with Substance Abuse Problems**  
The disease of addictions, affects 10-15 percent of the nursing profession. This program will discuss the risk factors for nurses as well as the occupational signs and symptoms.  
*Contact: cmallia@mnarn.org; 781-830-5755*
- **Menu of Occupational Health and Safety Programs**

  - **Bloodborne Pathogens—Your Legal Rights:** Addresses OSHA regulations related to the Bloodborne Pathogens Standards.
  - **Ergonomics—No More Aching Backs:** Addresses the myths around musculo-skeletal injuries, the regulatory guidelines to reduce such injuries and an overview of the types of patient lifting and moving equipment that are available in the marketplace today.
  - \* **Fragrance-Free—Creating a Safe Health Care Environment:** Addresses the scientific evidence of the toxicity of chemical components of fragrances and the adverse health effects these products are known to cause in patients and workers.
  - \* **How Safe is Your Hospital? Recognizing Hazards in Your Work Environment:** Provides an introduction to the types of hazards that are present in hospitals and other health care settings and methods to reduce and eliminate those hazards.
  - **Latex Allergy:** Addresses the extent of the problem, the signs and symptoms of latex allergy and methods to eliminate exposure to natural rubber latex in health care settings.
  - **Smallpox - A Brief Introduction:** Utilizes materials from the CDC and Massachusetts Department of Public Health to provide nurses with tools to recognize the signs and symptoms of smallpox and to become familiar with the plan to be implemented in the event of an outbreak.
  - **The Adverse Health Effects of Environmental Cleaning Chemicals:** Addresses the scientific evidence of the toxicity of chemical components of many environmental cleaning chemicals and the adverse health effects these products cause in patients and workers.
  - **Workplace Violence - Recognition, Intervention and Prevention:** Addresses the frequency and risk factors associated with workplace violence in health care settings. The program also identifies strategies to reduce risk factors and provide effective interventions for nurses and other health care workers physically injured and psychologically affected by violence at work. There is an emphasis on the importance of reporting such violence and reporting tools are supplied to participants. .  
**Contact Evie Bain, EvieBain@mnarn.org; 781-830-5776 or Chris Pontus, cpontus@mnarn.org.**